

Indiana University Health - Responsibility Statement Information Security and Confidentiality

1. Within the Indiana University Health organization, electronically stored information (“information”) about services, programs, systems, costs, volumes, patients, guarantors, families, physicians, physician groups, other healthcare providers, payers and staff is available. Access to information is available in many formats and media. This statement applies to all Indiana University Health information, regardless of how it is accessed.
2. All Indiana University Health information is to be considered confidential. Reasonable precautions are to be taken to protect Indiana University Health information from unintentional or unauthorized inquiry, update, alteration, destruction or removal. It is to be safeguarded by all information customers at all times, both at work and off duty.
3. Information customers will only access (read, add, change or delete) or disclose information for which they have a business reason to do so. At no time, shall information be accessed or disclosed for an unauthorized, unethical or illegal reason.
4. Information access must be requested, approved and implemented through established protocols. Access to information will be granted on an appropriately identified, validated and authorized basis.
5. In order to maintain the integrity of electronic protected health information and safeguard it from improper alteration or destruction, individuals may not access their personal medical records through systems or processes for which they have been granted update capability.
6. Individuals authorized to access protected health information may not access the medical records of their family members, friends or colleagues unless such access is otherwise authorized by the individual’s legitimate business purposes such as for treatment, payment or health care operations.
7. It is possible, that in the course of business, indirect access to information may become available. All responsibilities outlined in this statement apply to direct and indirect access to information.
8. Certain personally identifiable information must be carefully protected, each individual is responsible for knowing and following applicable Indiana University Health policies and procedures that govern the storage, use and access of such information.
9. When unsure of the confidentiality or security precautions to be taken, it is the responsibility of the information customer to seek and obtain direction regarding release of information and/or information protection safeguards.
10. Information customers shall report suspected confidentiality breaches or other information violations to the Information Services Security Administrator immediately

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11. Failure to adhere to this responsibility statement will result in the appropriate disciplinary and/or legal action.

By signing below I understand and agree that I have read and understand the Indiana University Health 'Information Security and Confidentiality' policy, as well as other related policies. I have read the above information and have had an opportunity to have my questions addressed to my satisfaction. I agree to the terms above and have indicated that by signing my name below:

Complete highlighted sections below only

Printed Name – User

Signature

Date

IU Health Employee Number (if any)

IU/IUSOM ID Number

Physician Number

Non-IU Health Last 5 digits of SSN