



Non-UW Health Employee Confidentiality Agreement

As an individual providing services to UW Health, I understand that I am required to abide by the terms of this Confidentiality Agreement and UW Health's guidelines and/or policies provided to me in writing (collectively "Policies") regarding confidentiality to ensure that confidential information regarding UW Health and/or the patients of UW Health is kept confidential.

I understand that during the performance of my work at or for UW Health, I may have access to confidential information, in any medium, pertaining to UW Health ("Confidential Information"). Confidential Information includes:

- (1) **Patient Health Care Records;**
- (2) **Indexes of medical information, patient demographics, patient billing and appointment history;**
- (3) **Confidential communications made for the purposes of diagnosis or treatment of patients' physical, mental, or behavioral health conditions;**
- (4) **Employees' personnel records, including employee health records;**
- (5) **UW Health business, financial, corporate, and proprietary information; and**
- (6) **Other information protected by Nondisclosure or Confidentiality Agreements by UW Health that is clearly marked as confidential.**

I understand that Confidential Information is not confined to written materials or hard paper copies, but includes information derived from any source, including, but not limited to, electronic data (whether retrieved on screen or contained on technical storage devices), and oral communications and/or recordings that a reasonable person would know to be confidential, provided that for communications that would be disclosed orally that fall within subsection six (6) above, are clearly designated as confidential in a written communication to the receiving party within 7 days following the disclosure.

I understand that I should only access Confidential Information to the extent minimally necessary and as required in order to perform my work.

I understand that Confidential Information is to be handled in the strictest confidence and will not be knowingly, intentionally or recklessly accessed, read, discussed, released, utilized, or disclosed by myself or to any other person or entity without appropriate written authorization or a legitimate, professional need to know such information for the performance of his or her job duties, as applicable. If I have specific concerns about my access, use, or release of any Confidential Information, I will seek guidance about such access, use, or release from my direct supervisor or from UW Health's Privacy Officer, whose contact information is available at various locations at UW Health and on uwhealth.org.

If I am found to be in violation of this Confidentiality Agreement and/or Policies (if provided to me), I understand my appointment with UW Health may be immediately terminated.

I understand that unauthorized modification or misrepresentation of patient records or other Confidential Information (i.e., misrepresentation of a medical procedure and/or diagnosis code information) is also a violation of this Confidentiality Agreement.

I acknowledge that I have read and understand my employer's (if applicable) guidelines and policies regarding confidentiality. I also acknowledge that I understand UW Health's requirements regarding the protection of Confidential Information as outlined in this Agreement and acknowledge the receipt of Policies that have been made available to me (if any).

I agree that I will promptly report knowledge of all suspected unethical, illegal, or unauthorized behavior or practices, or violations of Policies through the appropriate channels, and I fully understand that I am protected by law against retaliation for any such report.

I agree to abide by this Confidentiality Agreement and my employer's policies (if applicable) and Policies applicable to my job duties.

Individual Signature

Individual Printed Name

Date