

Providence Health System - Oregon Non-Employee Confidentiality and Nondisclosure Statement

Name: _____
(Last, First, MI – Please Print)

PHS Contact : _____

I understand that in the course of performing services on behalf of Providence Health System - Oregon (PHS-OR), I will have access to information not generally available or known to the public. I agree that such information is confidential information that belongs to PHS-OR. Confidential information includes but is not limited to patient, customer, member, provider, group, physician, employee, financial, and proprietary information, whether oral or recorded in any form or medium. I agree that information developed by me, alone or with others, may also be considered confidential information belonging to PHS-OR.

I will hold confidential information in strict confidence and will not disclose or use it except (1) as authorized by PHS-OR; (2) as permitted under written Agreement between PHS-OR and my employer or myself; (3) consistent with the scope of services I perform on behalf of PHS-OR and with applicable PHS-OR policies and practices; and (3) solely for the benefit of PHS-OR, its patients, members and other customers.

I understand that this Confidentiality and Nondisclosure Statement does not limit my right to use my own general knowledge and experience, whether or not gained while contracting with PHS-OR, or my right to use information this is or becomes generally known to the public through no fault of my own.

I will not access Confidential Information for which I have no legitimate need to know.

I understand my responsibility to become familiar with and abide by applicable PHS-OR policies and protocols regarding the confidentiality and security of confidential information.

I understand that PHS-OR electronic communication technologies are intended for benefit of PHS-OR, however limited personal use is permitted. Personal use is defined as incidental and occasional use of electronic communications technologies for personal activities that should normally be conducted during personal time and is not in conflict with PHS-OR business requirements. Internet usage is monitored and audited on a regular basis by PHS-OR management. PHS-OR management also reserves the right to monitor e-mail and telephone usage.

I understand that if I breach the terms of this confidentiality and nondisclosure statement or applicable PHS-OR confidentiality, privacy and/or security policies, PHS-OR may terminate my association with PHS-OR, including any written Agreements with PHS-OR. Further, PHS-OR will be entitled to all remedies it may have under written Agreement or at law, as well as to seek and obtain injunctive and other equitable relief.

Signature

Company or Affiliation

Date