

**NATIONAL FOUNDATION FOR TRAUMA CARE (NFTC)
STATEMENT OF AGREEMENT TO MAINTAIN CONFIDENTIALITY OF RECORDS AND
INFORMATION IN ACCORDANCE WITH NFTC POLICIES**

Code of Conduct

Interns, contractors or volunteers working under supervision of NFTC employees, whether paid or unpaid, shall be considered as employees with respect to the NFTC confidentiality policies. All information that identifies or can be used to readily identify individuals and providers shall be considered confidential. All employees shall follow the NFTC policies for sharing of confidential information. Information specifically covered by the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164) shall be determined and employees with responsibilities requiring access to the information identified. These employees shall attend expanded training and comply with NFTC policies relating to the federal laws.

Employees

As a NFTC employee, I agree to be knowledgeable of and comply with NFTC confidentiality policies. Specifically I agree to:

- ✓ Assure the confidentiality and security of all information by limiting access to those having an official need in order to perform their duties;
- ✓ Restrict disclosure of confidential information to other agencies or individuals and providers outside of NFTC. Disclosures shall be made in accordance with NFTC policies governing disclosures;
- ✓ Refrain from disclosing confidential personnel information to any individual or entity who does not have a business-related reason to receive such information.
- ✓ Participate in training, as needed, on the federal Privacy law;
- ✓ Make appropriate staff aware of potential NFTC confidentiality policy violations; and
- ✓ Sign an annual statement affirming agreement to comply with NFTC confidentiality policies.

Contractors

As a NFTC contractor, I agree to maintain strict confidentiality of all information that identifies or can be readily used to identify individuals and providers that I have been provided access to by the NFTC or obtained as a result of contract activities. I understand there are potential legal penalties for breaches of confidentiality or unauthorized destruction of confidential information/records. I understand that the contracting agency assumes liability for all disclosures of confidential information by the contractor and/or the contractor's employee.

Researchers

As a researcher being granted access to NFTC information and data for research purposes, I agree to comply with NFTC confidentiality policies. I agree to maintain the confidentiality of information that identifies individuals and providers. I also agree not to subsequently disclose confidential information without written permission of the Department and/or individual person. For research projects requiring access to information covered under the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164), I agree to comply with the federal requirements.

Volunteers

As a volunteer, paid or unpaid, I agree to comply with the NFTC confidentiality policies. I understand that I am liable for all breaches of confidentiality and may be subject to possible legal actions.

MAINTAINING CONFIDENTIALITY OF INFORMATION IN THE WORK ENVIRONMENT:

I agree to the following:

Work Areas

To remove information of a confidential nature from public view (placed inside a desk or file) when away from my work station and another authorized employee is not available to assure security of the information.

To place information of a confidential nature in locked files or other secure places when my office or work unit is closed or left unattended.

To shred or otherwise destroy information to be discarded that identifies an individual or a provider, such as poor quality copies or purged file materials.

Information Exchange

To not release confidential personnel information as obtained in the performance of duties to individuals or entities who do not have a business-related reason to receive such information.

To destroy informal records of telephone conversations containing information of a confidential nature unless the records are placed in official files.

To hold conferences and informal conversations in a manner to avoid discussions, of a confidential nature, being overheard by others.

To seal all documents containing information of a confidential nature inside an envelope addressed to a specific office or individual and marked "CONFIDENTIAL" when using conventional mail to send to other individuals, programs or agencies having an official need for the information.

To use a cover page containing a confidentiality statement approved by the NFTC Privacy Officer for all documents of a confidential nature transmitted by FAX machine to agencies and individuals with an official need to know.

To alert the receiver that the information is being transmitted via FAX and request immediate retrieval.

To include the NFTC approved statement of confidentiality on all electronic mail messages.

To not send confidential individually identifiable health information using electronic mail unless technology such as encryption or other technology is employed.

Computers With Access To Sensitive Information

To comply with policies and procedures relating to maintaining security and confidentiality of computer data.

To position my computer workstation screen to limit visualization by other employees or visitors.

To protect my sign on and passwords to prevent others from using them.

To logout of the network when away from my work area for an extended period; for short periods of inactivity, I will activate a password protected screen saver.

Penalties

I have been informed and understand that a breach of confidentiality or unauthorized destruction of confidential records shall result in disciplinary action up to and including dismissal depending on the severity of the offense and possibly legal action.

CERTIFICATION:

This is to certify that I have read and agree to comply with the provisions of the Foundation's policies.

Date: _____ Signature: _____

Please print name: _____

NOTE: One copy should be signed and placed in employee's personnel file and the employee should retain one copy.

Effective date: 01-25-06