



Category:	Administrative
Department:	Information Systems
Policy No.:	A00280
Former Policy No.:	SEC0055
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TITLE: COMPLIANCE STATEMENT

PURPOSE: To Protect confidential hospital information accessible to ETCH employees.

SCOPE: All Hospital Personnel

POLICY:

During Employment with ETCH, an employee will have access to confidential information concerning patients, their families, and hospital business. The unauthorized use or disclosure of confidential information is likely to damage East Tennessee Children's Hospital business and ultimately the patients we serve. To help ensure confidentiality, security policies and procedures have been established.

RELEVANT FACTORS:

DEFINITIONS:

N/A

PROCEDURE:

Name:

Department:

Job Title:

Phone Ext:

A password is required for access to East Tennessee Children's information system. The password identifies you by name, and all of your activity on the computer.

Application for a password to ETCH's information system signifies your understanding and acceptance of the following responsibilities associated with the password. Please read carefully before signing.



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1. I will use hospital information and third-party proprietary information in my custody only for the performance of hospital business.
2. I will not alter or in any way change hospital information unless it is part of my job responsibilities.
3. I will not divulge hospital or third-party information to anyone, regardless of their relationship with the organization, who does not have privilege to the information.
4. I will not attempt to gain access to information to which I am not specifically authorized.
5. I will use the data processing facilities of the hospital in a manner consistent with my job function and for conducting hospital business.
6. I will use hospital computers, software, etc., provided to me for hospital business purposes only.
7. I am aware that any passwords assigned to me are to be used only by me and are not to be divulged to any other party.
8. I will comply with all hospital procedures in the assignment and format of my password (s).
9. I am aware that failure to comply with any of the conditions noted herein may result in corrective action or termination of my relationship with the hospital. I am also aware that the hospital has the right to pursue prosecution if I misuse the hospital's information or computing resources. I also understand that my access to the hospital system obligates me to protect the integrity and confidentiality of the hospital's information while I am at the hospital and after I leave.

I HAVE READ ALL OF THE ABOVE CONDITIONS AND UNDERSTAND THEM FULLY.

SIGNED _____
DATE _____

Compliance and Enforcement



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All managers and supervisors are responsible for enforcing this policy. Employees who violate this policy are subject to discipline up to and including termination in accordance with ETCH Sanctions Policy.

PRECAUTIONS:

N/A

SUPPORTIVE DATA:

ETCH has adopted these policies and procedures in order to comply with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), as amended by the HITECH Act of 2009 (ARRA Title XIII). We also recognize our responsibility to protect individually identifiable health information under the regulations implementing HIPAA, other federal and state laws protecting the confidentiality of personal information, and under general, professional ethics

Policy Owner:	Information Systems Department
References:	
Related Policies:	
Related Documents:	
Origination Date:	06/01/1997
Revision Dates:	08/2000, 06/2002, 06/2005, 10/15/2012
Last Review Date:	02/26/2016
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Date Retired:	



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Approved By:

Information Systems- Chief Information Officer
Corporate Compliance Committee
Policy Review Committee