

UK College of Dentistry
Confidentiality Agreement for Computer Use

Information on this form must be legible or the form will not be processed.

Applicant's Name: _____ UKID: _____
(Please print: First, Middle Initial, Last)

Birth Date: _____ Job Title: _____ Job Location: _____
(mm/dd/yyyy) Phone #: _____

I agree to keep patient information confidential by observing the following:

- 1 I will protect my password from use or theft by others.
- 2 I will sign off/log off the system when I leave the workstation and will not allow others to use my access.
- 3 I will only look up information on patients for whom I have direct responsibility. I will not look up my own information on the computer.
- 4 I will share patient information only with people who have a right to access the information in order to perform their job function.
- 5 When sharing information with people who have a right to access the information in order to perform their job function, I will ensure that I am in a private setting where others cannot hear or see the confidential information.
- 6 I will follow all University, Medical Center, Hospital, College of Dentistry and department rules of conduct whenever I use email.
- 7 I will password protect any personal digital assistant device that contains patient (or confidential) information.
- 8 I will not disseminate confidential patient information from non-UK HealthCare supported computer/device without appropriate release of information.
- 9 I will dispose of confidential information properly in accordance with all applicable policies.
- 10 I understand that audits will be performed on computer usage to ensure compliance with all computer related policies and this confidentiality agreement.
- 11 I will follow other specific confidentiality rules for special situations. When departments have standards more stringent than this statement, I will abide by their standards.
- 12 I will comply with the enterprise electronic signature policies and protect my electronic signature when issued to me from use or theft by others.
- 13 I understand that no paper patient records may be taken outside of the College of Dentistry or any other UK HealthCare facility. Special arrangements shall be made when records are removed for use in remote dental clinics or on mobiles.
- 14 I understand that my employer has the right to take disciplinary action up to and including termination of my employment for breaches of confidentiality.

Signature

Date

This form will be kept on file with UK College of Dentistry Information Technology.

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