

**CAPSTONE PERSONNEL SERVICES, INC.
CONFIDENTIALITY AGREEMENT - EMPLOYEES AND CONTRATORS**

Certain customers of Capstone Personnel Services, Inc., (“Capstone”) have a legal and ethical responsibility to safeguard the privacy of patients and to protect the confidentiality of their health information. Additionally, certain customers of Capstone (“Customer”) must assure the confidentiality of human resources, payroll, fiscal, research, computer systems and management/administrative information.

In the course of my association with Capstone (whether as an employee or independent contractor), I may come into the possession of confidential information at the Customer location where I am assigned. In addition, any personal access code “user ID(s)” and password(s) used to access computer systems is also an integral aspect of this confidential information.

By signing this document, I understand and agree to the following:

1. I agree not to disclose or discuss any patient, human resources, payroll, fiscal research, management/administrative information or other confidential information with others, including friends, or family, who do not have a need-to-know. I understand that patient information includes, but is not limited to, the medical records of my family, friends, co-workers, and myself.
2. I agree not to access any patient, human resources, payroll, fiscal, research, management/administrative information or other confidential information or utilize equipment, other than that which is required to do my job, even for personal reasons.
3. I agree not to discuss patient, human resources, payroll, fiscal, research or management/administrative information where others can overhear the conversation, e.g. in hallways, on elevators, in the cafeteria, on shuttle buses, on public transportation, at restaurants, or at social events. It is not acceptable to discuss clinical information in public areas, even if a patient’s name is not used.
4. I agree not to make inquiries into any records or system for other personnel who do not have proper authority.
5. I agree not to inform another person of my computer password or knowingly use another person’s computer password instead of my own for any reason unless authorized by the Customer.
6. I agree not to make any unauthorized transmissions, inquiries, modifications, or purging of data in any system. Such unauthorized transmissions include, but are not limited to, removing and/or transferring data from computer systems to unauthorized locations, e.g. home.
7. I understand when utilizing or interacting with others regarding patient, human resources, payroll, fiscal, research, management information or other confidential information, this must be limited to authorized personnel.
8. I agree to log off, lock or shutdown my computer or terminal prior to leaving it unattended.
9. I agree to inform my manager, supervisor, or other appropriate personnel at Customer and at Capstone of any privacy or security breach I observe or about which I become aware.
10. I agree to make only authorized entries for inquiry and changes in any Customer system and not to disclose any confidential information.

I understand that violation of this agreement may result in corrective action, up to and including suspension and loss of Customer privileges or termination of employment or association with Capstone.

My signature below indicates I have read this agreement, understand its terms, and I agree to abide by both this agreement and the Capstone/Customer policies concerning the security and primary of confidential information.

Signature of Employee/Contractor

Date

Print Name

To Be Filed in Personnel Record of Employee/Contractor

2/11/03