

Proprietary Information

I understand that as a result of my performance of duty on behalf of The Nemours Foundation ("Nemours") and its affiliates, I may either directly or indirectly receive information that is confidential and proprietary to Nemours ("Proprietary Information"). Proprietary Information includes all information regarding business operations, patients, research projects, Associates, or other business-related information, and is the sole property of Nemours. As a condition of access to Proprietary Information, I agree not to disclose Proprietary Information to any third party or otherwise use Proprietary Information, except as required by Nemours business and the scope of my job or the scope of my permitted access, or as otherwise required by law. I agree that the restriction on disclosure or use of Proprietary Information survives the expiration or termination of my access to Proprietary Information, regardless of the cause.

Nemours Information Systems

I understand that as a result of my performance of duty on behalf of Nemours, I may be granted access to Nemours Information Systems (NIS). NIS consists of computer software and hardware systems that support data-intensive applications. I understand and agree that all information contained in NIS, whether personal or business, is the sole property of Nemours and is subject to monitoring, without notice or as provided by law. As a condition of access to NIS, I agree not to:

- Share my login and password with anyone;
- Use someone else's login and password to access Nemours Information Systems;
- Make entries in the NIS under someone else's login and password. I acknowledge that USE of ANOTHER PARTY'S LOGIN AND PASSWORD or other secure mechanism to ATTACH A PERSONAL SIGNATURE, verification, or acknowledgement to a communication, action, or document constitutes an act of forgery and falsification of medical records;
- Attempt to access any other Associate's electronic files or electronic mail;
- Use the NIS to engage in solicitation, promotion of religious beliefs/non-beliefs, political causes, for outside organizations, fund raising (except for Nemours Fund for Children's Health) or advertising of other businesses or causes;
- Store, display, or transmit images, text, or audio content that may reasonably be construed as harassment or disparagement of others based on race, color, religion, sex, sexual orientation, national origin, age, disability, veteran status, genetic information, or other characteristics protected by law.
- Access NIS for any purpose that violates the law or Nemours policy, procedures or guidelines, for my own personal use, or any unlawful use.

I understand there is no right of privacy in an Associate's electronic or other files. By my use of NIS I grant consent to the monitoring of my use of NIS without further notice.

Nemours Communication Devices

I understand that as a result of my performance of duty on behalf of Nemours that I may be granted access to Nemours Communication Devices. Communication Devices include telephones, mobile phones, pagers, email, the internet, and other devices that permit communication point-to-point. I understand there is no right of privacy when using Nemours' Communication Devices, and I grant consent to the monitoring and recording of my use of Nemours Communication Devices without further notice.

Health Records – includes medical, demographic, and insurance/billing information

I am aware that Individually Identifiable Health Information ("IIHI"), Protected Health Information ("PHI"), and Electronic PHI ("E PHI") (collectively, "PHI") about patients and Associates contained in health records is confidential. I agree that I will not:

- Access health records outside the scope of my job or my permitted access;
- Release health records or PHI about a patient or Associate without the patient or Associate's properly executed authorization or as otherwise required or authorized by the scope of my job or my permitted access; or
- Release health records or PHI to third parties except through Nemours Health Information Management policy and procedures.

I agree to the above Confidentiality and Use Agreement and understand a violation may lead to corrective action or sanctions, even if I would have been authorized to have access to the information using my own login and password. Such action may also be subject to civil and/or criminal sanctions. I understand Nemours policies and procedures are available for review upon request.

Individual Being Granted Access Student Resident Fellow Volunteer

Non Medical Intern Community Physician Other

PRINT Name of Individual:

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Date Signed: _____

Start Date of Rotation: _____

Signature of Individual: _____

PRINT School/Organization/
Employer Name: _____

Nemours Authorization

PRINT Nemours Associate
Authorizing Access: _____

Department of Nemours
Associate: _____