

# Wayne State University Clinical Research Services Center Clinical Research Services Center

## CONFIDENTIALITY OF INFORMATION STATEMENT

This document must be signed by all individuals prior to being assigned duties or a computer access code or password authorization, unless the company which employs the individual has signed an entity-wide confidentiality statement. In the sole discretion of the Wayne State University Clinical Research Services Center (WSU-CRSC), any individual providing services to WSU-CRSC may be required to read and sign this statement individually. All individuals and its successor entities prior to being assigned duties or a computer access code or password authorization must sign this document. **No alterations to this statement are allowed.**

As an employee, resident physician, student/intern, volunteer, or individual assigned to use the OnCore System, or other entity associated with the WSU-CRSC, (or any subsidiary or affiliate thereof), I understand that information to which I have access in the performance of my duties is confidential. This duty of confidentiality applies to both individuals and entities. Some of this information may concern patients or it may concern the operations. I understand that patient medical information belongs to the patient and that I am only permitted to access patient medical information to the extent that it is necessary to provide patient care or perform my duties. I also understand that all medical and personal information regarding patients is confidential and, unless directly related to the care of patients and authorized by WSU-CRSC policy, should not be revealed or discussed with other patients, friends or relatives, or anyone else within or outside the WSU-CRSC healthcare environment.

I also understand that other information regarding the operations of the WSU-CRSC is confidential. This includes any information regarding employees, financial operations, quality assurance, utilization review, risk management, research, procurement, contracting and credentialing of staff. I understand that I am only authorized to access this information if it is required for me to perform my duties. This information should not be revealed or discussed with others within or outside the WSU-CRSC, except to the extent that this discussion is necessary to perform my duties.

I also understand that I may not view my own medical record without the proper authorization. I shall not electronically access my own medical records, or that of my family members, including lab or test results, except as a legitimate function of my job duties or with proper authorization.

I understand that I am required to protect any WSU-CRSC patient or operations information from loss, misuse, unauthorized access, or unauthorized modification, and to report any suspected breach of security policies.

I understand that I may be given access codes or passwords to WSU-CRSC computer systems. I will safeguard the security codes and passwords given me. I acknowledge that I am strictly prohibited from disclosing my security codes to anyone including my family, friends, fellow workers, supervisors, managers and subordinates, for any reason.

I understand that I may use my access security codes to perform my duties only. I agree that I will not use anyone else's security codes to obtain access to any computer systems. I understand that I will be held accountable for all work performed or changes made to the system or databases under my security codes and that I am not to allow anyone else to access the computer using my security codes,

I understand that failure to follow the confidentiality of information statement is cause for termination of employment, revocation of privileges, or revocation of access to the WSU-CRSC, and may be noted in my student or personal record, and may result in notice to my educational institution or my agency or employer, if such a relationship exists.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name (First, Middle initial, and Last) \_\_\_\_\_

List WSU User ID's \_\_\_\_\_

Department \_\_\_\_\_ Hospital/Worksite \_\_\_\_\_

Employee # \_\_\_\_\_ Work Phone Number \_\_\_\_\_

This form must be fully completed, signed and submitted to WSU-CRSC security prior to system access being granted to ANY user.