



## Confidentiality and Security Agreement

I understand that the facility or business entity (the "Company") in which or for whom I work, volunteer or provide services (contractual or otherwise) has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients' health information. Additionally, the Company must ensure the confidentiality of its propriety information, including, but not limited to, its human resources, payroll, fiscal, research, internal reporting, strategic planning, communications, computer systems, and other related operations information (collectively, with patient identifiable health information, referred to as "Confidential Information").

In the course of my employment or assignment at the Company, I understand that I may come into the possession of Confidential Information. I further understand that I must sign and comply with this Confidentiality and Security Agreement ("Agreement") in order to obtain authorization for access to Confidential Information. In addition, I understand that for purposes of this Agreement, the term Company shall include any subsidiaries or affiliates of St. Mary's Janesville Hospital.

<ol style="list-style-type: none"> <li>1. I will access, use and disseminate Confidential Information only when it is necessary to perform my job related duties in accordance with St. Mary's Janesville Hospital's Policies and Procedures.</li> <li>2. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it.</li> <li>3. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized.</li> <li>4. I will not discuss Confidential Information where others can overhear the conversation. It is not acceptable to discuss Confidential Information even if the patient's name is not used.</li> <li>5. I will not make any unauthorized transmissions, inquiries, modifications, or purgings of Confidential Information.</li> <li>6. I understand that I have no right to any ownership interest in any information accessed or created by me during my relationship with the Company.</li> <li>7. I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.</li> <li>8. I will practice good workstation security measures such as locking up electronic storage media when not in use, using screen savers with activated passwords appropriately, and position screens away from public view.</li> <li>9. I will practice secure electronic communications by transmitting Confidential Information only to authorized entities, in accordance with approved security standards.</li> <li>10. I will:             <ol style="list-style-type: none"> <li>a. Use only my officially assigned User-ID and password.</li> <li>b. Use only approved licensed software.</li> <li>c. Use a device with virus protection software.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>11. I will not:             <ol style="list-style-type: none"> <li>a. Share/disclose user-Ids or passwords.</li> <li>b. Use tools or techniques to break/exploit security measures.</li> <li>c. Connect to unauthorized networks through the systems or devices.</li> </ol> </li> <li>12. I will notify my manager or appropriate Information Services person if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement, privacy and security policies, or any other incident that could have any adverse impact on Confidential Information.</li> <li>13. I understand that I should have no expectation of privacy when using Company information systems. The Company may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.</li> <li>14. I will act in the best interest of the Company and in accordance with its Policies and Procedures at all times during my relationship with the Company and acknowledge that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with the Company.</li> <li>15. Upon ceasing my relationship with the Company, I will immediately return any documents, media or property which constitutes Confidential Information, or which gives me access to Confidential Information, to the Company.</li> <li>16. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension and loss of privileges, and/or termination of authorization to work within the Company, in accordance with the Company's policies and civil/criminal prosecution.</li> </ol>
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Signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

Student/Instructor Signature	Facility Name  <i>St. Mary's Janesville Hospital</i>	Date
Student/Instructor Printed Name	Business Entity Name (if not Employee)	



## **Student Learning Experience Dress Code**

St. Mary's Janesville Hospital takes pride in the Student Learning Experience we have to offer students. Your dress reflects the quality of your school/community and your conduct. All participants in the Student Learning Experience are expected to dress and groom themselves neatly, in clothes that are suitable for a professional hospital environment. Students will not be allowed to wear clothes with inappropriate words or logos, sexual innuendoes, or clothes advertising tobacco or alcoholic products. Certain types of dress will not be allowed at St. Mary's Janesville Hospital during the Student Learning Experience.

- No exposure/display of undergarments (boxers, thongs, bras, etc.) will be allowed.
- Pants must cover the top of the undergarment worn and must be capable of staying up without being held up by hand.
- Pants should be free of holes or rips.
- Pants should be a tailored fit – no tight fitting pants or leggings should be worn.
- No exposure or displays of undergarments are allowed while sitting or standing.
- All tops must fit tight to the under arm and have a sleeve on them.
- The neckline of tops shall be high enough to cover the chest completely. Halter tops are not acceptable.
- Any clothing that exposes the midriff will not be allowed.
- Clothing shall not bear slogans or graphics, except those representing the student's educational institution or EMS station.
- Students will not wear hats or coats during the Observational Learning (Job Shadow) Experience.
- Dresses and skirts are to be at the knee, not above. Dresses must cover the shoulders and back. All sleeveless dresses must be covered by a sweater or blazer.
- Hosiery (nylons) must be worn with any skirt or dress.
- State law requires the use of footwear at all times. NO open-toed shoes are allowed (No flip flops, sandals, etc.). High heeled footwear is not appropriate in a healthcare setting and should not be worn.
- Any clothing item deemed inappropriate attire by a staff member will be referred to the Clinical Education department or clinical leadership.
- Perfume or cologne should not be worn in patient care areas or in excess.
- Jewelry should be kept to a minimum.



If there is a fire at St. Mary's Hospital Janesville a clear text code of *Fire Alarm + Location* will be announced overhead. Please remember to RACE and PASS.

**If you discover a fire, RACE.**

Rescue – anyone in immediate danger

Alert/Alarm - by calling 8888 & pulling alarm

Confine/Contain – by closing all doors

Extinguish – by using PASS method

**PASS**

Pull – the pin

Aim – at the base of the fire

Squeeze – the handle

Sweep – back and forth at the base of the fire

I have received and understand the information as outlined above in regards to fire safety at St. Mary's Janesville Hospital.

Signature:

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Date:

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Name:

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