



**UNIVERSITY OF MARYLAND MEDICAL CENTER
 JAMES LAWRENCE KERNAN HOSPITAL
 UNIVERSITY SPECIALTY HOSPITAL**

CONFIDENTIALITY OF INFORMATION STATEMENT

As a prospective fellow, resident, student or employee, I understand that I may see confidential patient information.

I understand that any patient medical information belongs to the patient and that I am only permitted to access patient information to the extent that it is necessary to provide patient care and 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, should not be revealed or discussed with other patients, friends or relatives, or anyone else within or outside the Medical System.

I also understand that other information regarding the operation of the Medical System is confidential. This confidential information concerns, but is not limited to, employees, financial operations, quality assurance, utilization review, risk management, research, contracting, procurement 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 discussed with others within or outside of the Medical System except to the extent that this discussion is necessary to perform my duties.

I also understand that I am required to protect any Medical System patient or operations information from loss, misuse, unauthorized access, or unauthorized modification.

I understand that failure to follow this policy regarding the confidentiality of information may be cause for termination of employment, revocation of privileges, or access to the Medical System and/or its systems and databases.

Signature Date

Printed name Department

I work at (circle one): UMMC Kernan University Specialty Hospital