

**CRAIG HOSPITAL
Confidentiality Agreement for Employees,**

Students, Interns, Job Candidates, Independent Contractors and Volunteers

I understand that as an Employee, Student, Intern, Job Candidate, Independent Contractor, or Volunteer at Craig Hospital I will have access to a variety of information that is confidential and which must not be disclosed to any unauthorized person, inside or outside of the hospital. I realize I may come in contact with this confidential information through patient medical records, printed hospital materials, in verbal conversations with others, through test results to which I have access, or in other ways within the scope of my assignment or employment at Craig Hospital. I understand that I shall use such confidential information only for the purpose for which it was disclosed. I will provide confidential information only to those within the hospital who require it in order to fulfill the duties of their assignment or employment. I understand that all Craig Hospital employees, students, interns, job candidates, independent contractors and volunteers are bound by a similar agreement and I should respect their commitment to maintaining confidentiality. Any other release of confidential information may only be granted with the written consent of the patient in the case of patient information or the consent of the hospital in the case of confidential hospital information.

The types of confidential information which are most commonly available within the hospital include, but are not limited to: patient medical record information or verbal information exchanged about patients, computer software technology and access to hospital data through hospital information systems, information on research, experimental pharmaceutical items, financial information, information contained in employee files or payroll records, and information about some specialized equipment being developed in the hospital.

If I am unsure about the confidentiality of information to which I have access, it is my responsibility to ask my supervisor, preceptor, or clinical instructor for clarification before releasing any such information. I also understand that my failure to abide by this statement of confidentiality could result in serious legal, as well as professional, consequences. I understand that the patient, the hospital, or the owner of such confidential information may exercise their legal rights to take action against me for violating this confidentiality agreement.

I will promptly disclose to Craig Hospital all discoveries, improvements, formulas, techniques, know-how, writings, drawings, software, mask works, and other inventions and works of authorship (whether patentable or copyrightable) made, conceived, discovered, written, created or learned by me during my assignment or employment, which were created, in whole in part, with Craig Hospital's personnel, property or confidential information. I acknowledge that the intellectual property just described are works made for hire and are the sole and exclusive property of Craig Hospital immediately on creation. To the extent any intellectual property does not constitute a work made for hire, I hereby irrevocably assign to Craig Hospital all right, title and interest in and to the intellectual property. I will assist Craig Hospital in every way at Craig Hospital's expense to protect the intellectual property, and will execute all documents which Craig Hospital reasonably determines to be necessary for the protection of the intellectual property, including any documents required by the U.S. Patent and Trademark Office, or the U.S. Copyright Office, or any State Patent and Trademark Office, or State Copyright Office. I will comply with all relevant policies and procedures, and maintain all appropriate research records relating to such intellectual property. The commitments I make here will survive termination of my assignment or employment.

I have read, fully understand and agree to abide by this confidentiality agreement. I understand that this agreement does not apply to protected employee behavior; including but not limited to the discussion of wages or other terms or conditions of employment with coworkers.

I understand that nothing in this Confidentiality Agreement creates a contract for a specific term of assignment or employment.

Signature: (Employee/Student/Intern/Job Candidate/
Independent Contractor/Volunteer)

Date

Printed Name:

Witness

Date

Printed Name: