



Mississippi Baptist Medical Center

General Orientation for Student and Faculty

“Signature Pages”

I have read and understood the provided Student/Faculty Orientation Materials from Mississippi Baptist Medical Center. I understand the following responsibilities:

- Ask questions when clarification or more information is needed
- Adhere to general rules, policies, and regulations of Baptist and function under the directions of the Physician, Nurse, or other personnel caring for the patients
- Work within my level of education and skill, seeking direction and validation as needed
- Report significant changes in a patient’s condition immediately to the appropriate health care provider
- Conduct myself in a professional manner while on the campus of Mississippi Baptist Medical Center and support the mission and philosophy of providing excellence in patient care.
- Maintain the integrity of my electronic signature.

I must not and will not give my identification to any other individual. Unauthorized access, release or dissemination of this information may subject me to dismissal from campus and other penalties.

Name (print)

Signature

School

Date

(School to File with Student/Faculty Records)



BAPTIST CONFIDENTIALITY STATEMENT

Baptist and its affiliated entities ("Baptist") protect the privacy of patients and their families, Baptist employees, and students of Baptist College of Health Sciences, including safeguarding confidential and/or proprietary information. Baptist's Confidential Information Policy (CIP) protects any information – verbal, written, or electronic. Maintaining confidentiality is a required duty of anyone with access to Baptist's confidential information.

BY SIGNING THIS CONFIDENTIALITY STATEMENT, I UNDERSTAND AND ACKNOWLEDGE THAT:

- 1) I am aware of Baptist's CIP and I have had the opportunity to review the policy.
2) I realize that I can ask for clarification of the policy, or report violations of confidentiality by calling the Baptist Helpline/Hotline at 1-877-BMH-TIPS.
3) I understand it is my responsibility to:
- Comply with the Baptist Confidential Information Policy;
- Maintain the confidentiality of all patient medical records, employee information, financial information, proprietary information, and other confidential information (information) arising from or pertaining to Baptist;
- Understand that each time I access protected health information (PHI) I will only use the minimum necessary required for my job;
- Not access data on patients for whom I do not have responsibility and/or for whom I do not have a "need to know." I am aware that computers and their applications have audit trails, which track access to patient information;
- Keep information confidential and not disclose it to others, including employees, patients, and patient's family members, without proper authorization;
- Agree to discuss information only in the work place as appropriate, and only for job related purposes, and to refrain from discussing this information outside of the work place or within the hearing of other people who do not have a need to know about the information;
- Refer all requests and inquiries for confidential information to those within Baptist who are responsible for release of information.
- Only print PHI as required to perform my job duties.
- I will follow appropriate safeguards regarding the transport of PHI (i.e. from home to entity, within entity or entity to entity). PHI will remain in my immediate personal possession at all times and will be disposed of in accordance with Baptist policy (i.e., placed in a container to be shredded).
- If approved, any PHI that is printed at an offsite location, such as my home or office, I will diligently maintain PHI in a secure manner so that it cannot be accessed by unauthorized individuals such as family members, conference attendees or general public. PHI is not left unattended in publicly-accessible locations.
- I will immediately report to the Corporate Privacy & Security office any PHI that is lost, stolen, accessed or viewed by unauthorized individuals, or is otherwise compromised, upon coming aware of.
4) If I am given access to Baptist computer system(s), I understand it is my responsibility to:
- Understand that my computer access code (password, personal identification number) is the equivalent of my legal signature.
- Keep secret all computer identifiers, passwords, PIN numbers and access codes issued to me.
- Contact Information Technology or their designee to have my code deleted and a new code issued if I have reason to believe that the confidentiality of my computer access code has been breached.
- Promptly signoff after each computer session to prevent unauthorized use of the application.
- Not transfer any business documents from the workplace to a personal email account, laptop, computer tablet, smartphone, internet file sharing tool or any other electronic device including but not limited to a USB drive or portable hard drive.
5) Medical Staff Members: If I am a credentialed member of the medical staff, I understand that any misuse of my confidential access code or inappropriate use of any of Baptist computer systems is a violation of 1) the Medical Staff Bylaws, Procedures, Rules and Regulations, or my Professional Services Agreement, and 2) may result in disciplinary action being taken by the governing Board, and 3) may additionally have legal and/or regulatory penalties.
6) Others with access to confidential information: I understand that a violation of these requirements may result in disciplinary action up to, and including, termination of my employment, affiliation, and/or contractual rights with Baptist, and/or disciplinary action as well as any penalties prescribed by law. I understand and agree that this obligation continues in effect after I am no longer an employee or affiliate of Baptist. I further understand and agree that Baptist may take legal action to enforce this obligation.
7) If I am a user of Baptist OneCare or other Baptist-provided systems, I have read and understand all applicable Terms of Service governing my access to and use of the system(s). I further agree to all of the conditions contained in the Terms of Service and by signing below I acknowledge and ratify my electronic acceptance of the Terms of Service. I further understand that my password is unique and I cannot divulge it to anyone else and I must take extraordinary steps to keep my password secret. I further understand and agree that I am responsible for any misuse of my password, by myself or anyone else who gains access to my password because I shared it or failed to take proper steps to safeguard it.

(Check your affiliation with Baptist and complete identifying information.)

- Employee Physician Allied Health Resident/Intern Physician staff Contractor Consultant School Faculty Student Clergy Volunteer Agency Staff Other: _____

Name: _____ Last 5 digits SSN: _____
Signature: _____ Date: _____
Department: _____ and/or Company/School:

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