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)

1225 North State Street Jackson, Mississippi 39202 1-601-968-1000 https://www.baptistonline.org/mbmc

BAPTIST CONFIDENTIALITY STATEMENT

All persons granted access to Baptist or its affiliated entities ("Baptist") network and/or confidential patient, employee, business, financial or proprietary information ("Confidential Information") holds a position of trust to protect this information and must recognize the responsibilities entrusted in securing the confidentiality of this information. Accordingly, all persons who are authorized to access the Baptist network and/or Confidential Information must read and comply with all applicable Baptist policies and procedures.

AS A CONDITION OF RECEIVING ACCESS TO THE BAPTIST NETWORK AND/OR CONFIDENTIAL INFORMATION, I AGREE TO COMPLY WITH THE FOLLOWING TERMS:

1) I am aware of Baptist's Confidential Information Policy and have had an opportunity to fully review the policy.
2) I realize I am able to request 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 Confidential 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 ePHI (electronic Protected Health Information). I will not access the medical records of family members, friends, co-workers or anyone that I am not on the care team for or have a work related reason;
   - Not access my own medical records using system access intended for work purposes but rather through the appropriate patient record access processes;
   - Keep information confidential and not disclose it to others, including employees, patients, and patient's family members, without proper authorization;
   - Agree to discuss Confidential Information only in the work place, as appropriate, for job related purposes, and to refrain from discussing outside 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 responsible within Baptist for release of information;
   - Apply appropriate safeguards regarding the transport of Confidential Information (i.e. from home to entity, within entity or entity-to-entity). Confidential Information 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 locked shred bin or other approved, secured/restricted/locked container);
   - Print Confidential Information only as required to perform my job duties;
   - If approved, I will ensure any Confidential Information printed at an offsite location, such as my home or office, is securely maintained so it cannot be inappropriately accessed by unauthorized individuals such as family members, conference attendees or the public. Confidential Information is not left unattended in publicly-accessible locations;
   - Immediately report to the Corporate Privacy & Security office any Confidential Information that is lost, stolen, accessed or viewed by unauthorized individuals, or is otherwise compromised, immediately upon discovery.
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 the Helpdesk or Baptist Technology Services or their designee to have my code deleted and a new code issued if I have reason to believe the confidentiality of my computer access code has been compromised;
   - Promptly signoff after each computer session to prevent unauthorized access or use;
   - Not to install, download, or operate any non-licensed software on any Baptist computer;
   - Not transfer any business related documents from the workplace to a personal email account, media account, personal device, 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 the Medical Staff Bylaws, Procedures, Rules and Regulations, and/or my Professional Services Agreement, and may result in disciplinary action being taken by the governing Board, and may involve additional legal and/or regulatory penalties.
6) **Others with access to Confidential Information:** I understand that violating this Confidentiality Statement 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 other remedies available to Baptist. I understand and agree that this confidentiality obligation continues in effect after I am no longer employed by or affiliated with Baptist. I acknowledge 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 those system(s). I agree to all Terms of Service provisions and by signing below, I confirm my electronic acceptance of the Terms of Service. I acknowledge that my password is unique and I am prohibited from sharing it with anyone else and I must take extraordinary caution to keep my password secret. I further understand and agree that I am responsible for any misuse of my password, by myself or anyone who gains access to my password because I shared it or failed to properly safeguard it.

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

☐Employee ☐Physician ☐Allied Health ☐Resident ☐Intern ☐ Medical Staff ☐ Contractor ☐Consultant
☐School Faculty ☐Student ☐Clergy ☐Volunteer ☐Agency Staff ☐ Vendor ☐Other:_____

By signing this Confidentiality Statement, I agree that I have read, understand and will comply with the above terms.

Name: _____
Signature: _____ Date: _____
Department: _____ Company/School: _____

Rev. 3/ 2000; 8/2000; 4/2001; 2/2004; 9/2011; 3/2014; 6/2014; 10/2017; 6/18, 05/19, 03/22

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