

This includes, but is not limited to, financial, medical, patient and employee data as well as information regarding proprietary products or hardware obtained by Northwell from computer hardware/software vendors in the conduct of its business. I agree to notify the Information Services Security Officer immediately upon learning of an unauthorized use or disclosure of confidential or proprietary information.

If granted Remote Access to the Northwell Computer Network, I understand that I am responsible for safe handling and storage of the Authentication Information and that this information is exclusively for my personal use in the performance of Northwell business. I promise that I will not share it or the system privileges that it provides with any other person. The Authentication information should not be stored on a computer that will be used to access the Northwell Computer Network. I agree not to write or store the access information or activating personal identification number on anything that is stored anywhere near the computer or on anything which may logically be connected with the computer. If the Network access information is lost or stolen, the loss must be immediately reported to the Northwell Help Desk so that it can be disabled. I agree to inform the HELP DESK upon termination of employment for any reason.

I hereby attest that I have viewed and understand all twenty one videos and the slide presentation located on line. @ WWW.Northwell.com/research-and-education/continuing-and-professional-education/graduate-clinical-education which include :
Service Excellence, Environment of Care, Life Safety, Emergency Management, Infection Prevention & Control, Cultural Diversity, Limited English Proficiency, The Patients'/Residents' Bill of Rights, Quality Management, HIPAA and Corporate Compliance.

My signature on this form attests that I have read and understand the statements above and affirms my agreement to comply with them.

User Signature X _____

User Name X _____



CONFIDENTIALITY AGREEMENT AND ACKNOWLEDGEMENT REGARDING USE OF COMPUTERS, E-MAIL, THE INTERNET and COMPLIANCE.

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I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE TERMS OF THE FOLLOWING CONFIDENTIALITY STATEMENT AND THE POLICES AND PROCEDURES OF NORTHWELL HEALTH AND ITS INFORMATION SERVICES DEPARTMENT CONCERNING COMPUTER USE, ELECTRONIC MAIL AND THE INTERNET

I understand that computers and/or my Computer Network ID's are provided to me for business purposes related exclusively to the scope of my employment or other relationships with Northwell. I further understand that the Internet is a public facility and utmost care is needed in all electronic communications to protect the integrity of the Northwell Computer Network, the confidentiality of data concerning Northwell patients and staff, and other information that is proprietary to Northwell, as well as the reputation of Northwell and its mission. I can be held accountable for any damage to Northwell that may result from my inappropriate behavior on the Internet or Northwell internal Computer Network.

My password is confidential and will not be shared with any other individual ; nor will any attempt be made to learn another user's password. I will notify the Information Services Security Officer if I have reason to believe that someone has gained access to my password.

I understand that any misuse of my computer, the Northwell Computer Network, or my Internet account is a serious violation of Northwell policy that can result in disciplinary action. I understand that I do not have the right, nor am I authorized to disclose or use in any way for my own purpose, the unauthorized purpose of any third party, or any purpose other than as necessary to carry out treatment, payment and health care operations of Northwell and other authorized purposes, any confidential or proprietary information obtained during my employment or relations with Northwell.

