



Orientation for Faculty and Students

“Signature Pages”

I have read and understood the provided Student/Faculty Orientation Materials from Baptist Health Systems. 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 Staff, 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 Baptist Health Systems 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 RECORDS)



**INFORMATION SYSTEMS
SECURITY ACKNOWLEDGMENT AND NONDISCLOSURE AGREEMENT**

It is the policy of BHS that information, in all forms, written, spoken, recorded electronically, or printed, will be protected from accidental or intentional unauthorized access, modification, destruction, or disclosure. All computer equipment must be protected from misuse, unauthorized manipulation, and destruction. Protective measures may be physical and/or software oriented.

As an associate of BHS (employee, student, volunteer, physician, or consultant/contractor) I understand and agree to abide by the following:

- A.** I understand that in the performance of my duties I may come into contact with confidential or sensitive information pertaining to patients, employees, medical staff, medical business enterprise and/or administrative support; information may be contained in written records, documents, ledgers, internal verbal communication and correspondence, computer programs and applications or some other medium. I agree not to disclose any confidential or sensitive information unless release of such information is directly related to and required for the performance of my assigned responsibilities. This nondisclosure agreement is binding during and after my affiliation with BHS.
- B.** All passwords to information are confidential. Under Mississippi Code 1972: Sec. 97-45-5 (1)(b), it is a computer crime to use another person's password or disclose passwords to another for the purpose of obtaining unauthorized access to computer systems. I will not disclose any passwords(s) I am assigned or create, and I will not write such password(s) or post them where they may be viewed by another. I understand that use of a password not issued specifically to me or to a group of which I am a member is expressly prohibited. I understand that I will be held responsible for all computer activity performed with the use of my password. I understand that transactions I perform using BHS computer systems, including e-mail and access to the Internet, will be recorded and are subject to periodic random audits. If at any time I feel that the security of my access code has been compromised, I will contact the Rescue Line at extension 8888 to reset my password.
- C.** I will not attempt to circumvent the computer security system by using or attempting to use any transaction, software, files, or resources that I am not authorized to use.
- D.** I will not deliberately sabotage computer equipment or software. I will not make or distribute unauthorized copies of software. I will not load unlicensed software or software unauthorized by BHS on any computer belonging to BHS.
- E.** I understand that access to confidential information is granted only as required to fulfill my job responsibilities. I understand that approved access to confidential information does not authorize the indiscriminate browsing of such information. Access is only authorized for specific and legitimate "need to know" information that is required to accomplish assigned job responsibilities.
- F.** I understand that patient information should only be released according to BHS policies and that if sent across the Internet information must be encrypted. I agree to follow BHS policies to ensure that such e-mails are encrypted properly.
- G.** I understand and agree to comply with all policies, standards, and procedures adopted to safeguard information and associated information resources as set forth in the Mississippi Code and BHS policies. Further, I acknowledge that I have received training on and understand the security policies outlined above.
- H.** I understand that failure to comply with any of the conditions noted herein may result in loss of information system privileges and/or disciplinary action, including possible termination of employment. I further understand that BHS retains the right to pursue any other legal remedies available when misuse of its information resources is suspected.

My signature below represents my acknowledgment that I understand and will abide by the security policies as outlined above and as contained in the Information Security Policies of BHS.

Employee Number or Last 5 digits of SS#

Signature

Name

Date

February 28, 2003

(SCHOOL TO FILE WITH STUDENT RECORDS)