

NON-EMPLOYEE STATEMENT OF RESPONSIBILITY AND CONFIDENTIALITY

All non-employee who may be exposed to private and/or confidential information (patient, employee, proprietary or financial) must sign and as applicable follow this statement of responsibility and confidentiality.

1. I understand and agree that any information I learn during my SCOPE with Chesapeake Regional Health (CRH) regarding patients, families, physicians, dentists, limited health practitioners, and other employees is confidential. I agree not to use, view, discuss, disclose, duplicate, alter or destroy such information unless my observation experience requires it.
2. I understand and agree that I will not give such information to anyone who does not have authorized access to it, attempt to learn confidential information not required by my observation, or discuss such information when participating in social media or other internet sites (i.e., posting of information, photographs, etc.).
3. I agree not to make unauthorized copies of copyrighted material, and I understand that I may be held personally liable for any unauthorized copies made by me.
4. I understand all patient medical information is confidential and agree to treat it as such. I further agree that I will use and disclose such information only as required by the SCOPE if I am authorized to do at CRH and as directed by supervisors.
5. I have read and understand the enclosed Chesapeake Regional Healthcare Privacy and Security Compliance Presentation which lists the obligations and responsibilities of the Non-Employee and CRH pertaining to the protection and use of the protected health information (PHI). By affixing my signature below, I acknowledge and affirm that:
 - My personal and immunization records provided are accurate.
 - I understand that it is my responsibility to comply with all CRH Policies and Procedures and Standards of Conduct.
 - I understand that it is my responsibility to comply with all CRH Operating Room Policies and Procedures in given to me through the SCOPE program.
 - I have read and agree to adhere to the Non-Employee Statement of Responsibility and confidentiality; and
 - I understand that any violation of the Non-Employee Statement of Responsibility and Confidentiality may result in immediate termination of participation in the SCOPE program.

SCOPE Observer Name Printed: _____

SCOPE Observer Name Signature: _____ Date: _____

Name of School/Agency: _____

IF SCOPE OBSERVER IS UNDER 18 YEARS OF AGE, PARENT/GUARDIAN MUST SIGN.

Parent/Guardian Signature: _____ Date: _____

