

CONFIDENTIALITY STATEMENT

I understand that I require information to perform my duties. This information concerns the business and operations of Johns Hopkins Bayview Medical Center (JHBMC) that will include patient information, employee information, and the business operations of JHBMC (including computer information and access).

- PATIENT INFORMATION:** I understand that any patient information, medical or non-medical, belongs to the patient and that JHBMC only permits me to access such information to the extent that providing or supporting the provision of patient care in the performance of my duties is necessary. I also understand medical and personal information regarding patients is confidential, and unless directly related to the care of patients and authorized by, JHBMC policy, I will not reveal it or discuss it with other patients, friends, relatives, or anyone else within or outside JHBMC.
- EMPLOYEE INFORMATION:** I understand that all medical, personnel and personal information regarding employees is confidential, and unless directly related to the care of employees and authorized by JHBMC policy, I will not reveal it or discuss it with other employees, patients, friends, relatives, or anyone else within or outside JHBMC.
- BUSINESS OPERATIONS INFORMATION:** I understand that any information regarding the business operations of JHBMC such as financial operations, quality assurance, medical research, risk management, computer security information, etc., belongs to JHBMC and that JHBMC only permits me to access such business information to the extent that it is confidential, and unless directly related to my job, and authorized by JHBMC policy, I will not reveal it or discuss it with any other source including employees, patients, friends, relatives, or anyone else within or outside JHBMC.
- COMPUTER ACCESS INFORMATION:** I understand that if issued a computer access security code or codes, I will safeguard them from disclosure to any unauthorized person. I further understand that if I voluntarily password protect any office computer or data files contained within a computer; I will inform my immediate supervisor only of those passwords. I agree not to access information through any means that JHBMC policy does not authorize. This includes using another's access code other than what JHBMC has issued me and that my assigned security codes will be used as my electronic signature and is comparable to my legal written signature.

Volunteer Signature _____ Date _____

VOLUNTEER EMPLOYMENT AGREEMENT

I, _____, agree to follow the following rules while at Johns Hopkins Bayview Medical Center. I understand that failure to obey the following rules, will lead to my dismissal from the program.

1. I will report to work on time.
2. I will sign in at the designated place when I arrive and I will sign out when I leave.
3. I will dress professionally; wear the uniform, and ID badge that is issued to me.
4. I will not smoke while in uniform and on hospital grounds.
5. I will be punctual, courteous, and neat; and I will treat this assignment as a job experience.
6. I will notify the Volunteer Office and my station of any absences.
7. I will respect all patients' rights to privacy and confidentiality.
8. I will follow all hospital regulations including attending required annual in-services.
9. I will behave in a professional manner at all times.

Volunteer Signature _____ Date _____