



Full Name: \_\_\_\_\_

Degree(s) earned: \_\_\_\_\_

☐ Resident    ☐ Fellow    ☐ New Hire    ☐ Student / Intern    ☐ Volunteer    ☐ Visitor

**IMPORTANT:** Read all sections. If you have any questions, please ask them before signing. A copy of this signed agreement will be kept on file at the 1917 Clinic and the Division of Infectious Diseases.

#### **DISCLOSURE OF PATIENT/PROVIDER INFORMATION**

I recognize that the services provided by the University of Alabama Health Services Foundation, P.C. (UAHSF) and the University of Alabama at Birmingham for its patients are private and confidential; that to enable the UAHSF/UAB to perform those services, patients furnish information to the UAHSF/UAB with the understanding that it will be kept confidential and used only by authorized persons as necessary in providing these services; that the good will of the UAHSF/UAB depends on keeping services and information confidential; that certain legal obligations attach to this information; and that by reason of my duties or in the course of my employment I may receive or have access to verbal, written, or electronic media information concerning patients and services performed by the UAHSF/UAB even though I do not furnish the services performed for those patients.

I hereby agree that, except as directed by the UAHSF/UAB or by legal process, I will not at any time, during or after my employment or during my duties at the UAHSF/UAB, disclose any such services or information to any unauthorized person, or permit any such person to examine or make copies of any reports or other documents prepared by me, coming into my possession or control, or to which I have access, that concerns in any way the patients of the UAHSF/UAB. I agree that I will not attempt to use any information for my own advantage.

I recognize that the unauthorized disclosure of the information by me may violate state or federal laws and do irreparable injury to the UAHSF/UAB or to the patient, and that the unauthorized release of information may result in disciplinary action or dismissal.

#### **SECURITY OF UAHSF INFORMATION/EQUIPMENT**

I agree that I will comply with all security regulations in effect at the UAHSF/UAB.

I understand that all software used on a computer owned by the UAHSF/UAB must be properly licensed and approved by UAHSF/UAB Administration for use on that computer. The use of unlicensed or unapproved software constitutes a serious risk to UAHSF/UAB operations. If I use or allow to be used any unlicensed or unapproved software on a UAHSF/UAB computer, I will be subject to disciplinary action or dismissal.

If I have received a sign-on code allowing me to use a computer for UAHSF/UAB business, I agree that I will not disclose and will protect the information and property of the UAHSF/UAB.

I have read all of the above sections of this agreement and I understand them.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_