

**Letter of Nondisclosure and Confidentiality  
MERCY HOSPITAL, IOWA CITY, IOWA**

By signing this letter of nondisclosure and confidentiality, I am acknowledging my obligation to maintain all patient, physician, employee and corporate information as defined in Mercy policies. I shall use my access to information in accordance with Mercy Hospital policy, legal, accrediting, and regulatory requirements. Any person disseminating confidential information about a patient, physician, employee, or corporate business is in violation of the use of Mercy Hospital information and is subject to the appropriate procedural and legal action.

I agree that I shall not, directly or indirectly, disclose or furnish to any person, firm, corporation, or governmental agency any information concerning patient information or Mercy's business information except as it pertains to a requirement of my position or as it pertains to care of the patient.

The release of information and removal of any records is only by legal authority. Therefore, I shall not reproduce any printed or electric data or information for use in any manner other than is pertaining to patient care or the administration and operation of Mercy Hospital.

I shall not leave a terminal unattended with my log-on active, but am required to log-off the system before leaving the terminal unattended. I understand that log-off is setting the system to a point where the applications that are confidential cannot be accessed without the next person signing onto the system.

**I shall not disclose nor share my personal access codes, passwords, and other user identifiers with anyone else. Users should not write passwords down and are encouraged to not use personal passwords for business use.**

If, for any reason, I believe my access codes are known by or being utilized by anyone other than myself, I shall report the situation to Mercy Security, (319) 339-3694, or Mercy Information Systems Help Desk, (319) 339-3617.

I understand that these policies will be enforced. Failure to comply shall at least result in my loss of access to the Mercy network and automated systems. For employees of Mercy Hospital it can result in the termination as an employee of Mercy Hospital; for non-employees of Mercy Hospital it can result in the termination of contractual agreements and/or physical access to the Mercy facilities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed Name \_\_\_\_\_

Employee # \_\_\_\_\_