



Special Category Associate Confidentiality & Commitment Agreement

Children's National Hospital is committed to maintaining the highest standards of confidentiality. Recognizing that preserving confidential information rests with each employee/volunteer, the intent of this statement and agreement is to alert employees/volunteers to their specific responsibilities. You may refer to any questions to a member of the Special Category Support Team.

*I understand that I shall hold as absolutely confidential any unsolicited information that might be shared with me by patients, their families/caregivers, or hospital staff concerning medical issues or family circumstances.

*I agree to abide by the provisions set forth in the Children's National Hospital Confidentiality Policy(C-10), Children's National Hospital Information System Security Policy(CH:IT:01) and Appropriate Use of Information Resources Policy(CH:IT:02).

*I understand that I may on occasion observe medical or direct care procedures and shall hold absolutely confidential information pertaining to these procedures.

*I understand that my obligation to preserve patient confidentiality precludes me from discussing any patient, either by name or circumstance, with anyone inside or outside the hospital setting. All patient information (oral, written or electronic, past, present and future, medical, financial or demographic) will be held to the highest level of confidentiality. I will not release, discuss, or disclose any patient information that is not allowed under Federal HIPAA Regulations, or is appropriately authorized or is required by law.

*I understand that I am expected to dispose of protected health information in an appropriate manner that maintains confidentiality.

*I understand that I am prohibited from writing or publishing any papers, articles, stories, or other written materials from which the name, identity, or personal circumstances of any patient can be discerned. If it becomes necessary to describe or document my experience in a general way, e.g., for a college course or medical school application, I agree to have a draft of my proposed text approved by the Special Category Support Team or their designated reviewer prior to submission.

*I understand that I am not permitted to use a camera, inclusive of a camera phone, on hospital premises at any time without the specific permission of the Special Category Support Team.

*I understand that there are serious penalties associated with the disclosure of confidential patient information - consequences may include disciplinary action, up to termination, legal and financial liability for the hospital, and the potential loss of accreditation.

*I understand that in the performance of my duties I may have access to sensitive information and/or reports related to other employees, organizational design or systems design, source codes, business and financial planning or status and other information related to organizational performance, planning, and development. I agree that I will not disclose such information.

*I understand the following related to System Security and Access:

- a. I consider my Children's National Hospital logon ID to be the equivalent of my signature and I am responsible for all entries made under my logon ID.
- b. I will maintain proper password security by not revealing my password to anyone.
- c. I will protect the security of the Children's National Hospital Information Systems by not providing anyone else access to the information system.
- d. I will not leave my workstation/terminal unprotected while I am logged onto the Children's National Hospital Information System.
- e. I will report suspected security violations immediately to my Supervisor, the Security Coordinator, or Director of my Department.
- f. I will access information resources specifically computer systems, only for purposes related to the performance of my assigned job responsibilities.
- g. I understand that Children's National Hospital reserves the right to monitor information systems file access at any time. I will cooperate with periodic necessary inspection of data and equipment assigned to me.
- h. I understand that all Children's National Hospital systems and applications belong to the organization. As such, Children's National Hospital has the right to audit, monitor, and inspect all information on the systems including but not limited to use of e-mail, databases, and documents.



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- *I understand that all Special Category Associates operate under the general supervision of the department assigned.
- *I agree to maintain appropriate clinical boundaries in my dealings with hospitalized patients, their families and/or caregivers.
- *I agree to confine my involvement with patients and their families/caregivers to the hospital setting and my assigned time. I understand that I am not permitted to initiate, encourage, or engage in outside contact or communication of any kind with any patients or family member/caregiver. I understand that my presence on hospital premises is only warranted during the agreed-upon time frame of my assignment.
- *I agree to refrain from expressing my religious and political beliefs to patients, family members, caregivers, hospital staff, or volunteers.
- *I agree to maintain a respectful and nonjudgmental attitude toward individual and family differences I may encounter in the areas of cultural and religious beliefs, child-rearing practices, values and temperament.
- *I agree to remain under the constant supervision of qualified staff and/or my supervisor for the duration of my assignment.
- *I shall at all times uphold the Mission and Standards of Excellence of Children's National Hospital.
- *I agree to respect and abide by the limitations and boundaries of the volunteer's role as covered by my supervisor.
- *I shall be punctual and reliable in my attendance, conduct myself with dignity and maturity, and extend courtesy and consideration to anyone I encounter within the hospital environment.
- *I shall not engage in any solicitation or distribution activities that are contrary to the hospital policy which governs such matters.
- *I agree to renew my medical clearance on an annual basis and to complete a Medical Update form annually which incorporates a TB Risk Assessment and Symptom Screen.
- *I agree to comply with all annual compliance requirements of the Special Category Program, including but not limited to the Safety Quiz, Medical Renewal, and the Information Security and Confidentiality Agreement. I agree to complete additional renewal requirements as deemed necessary by my supervisor and/or according to departmental policies.
- *I agree to provide relevant licenses, certifications, and registrations if applicable to my assignment.
- *I agree to contribute my non-employee service to the hospital without expectation of compensation or future employment.
- *I understand that the hospital assumes no responsibility for any contact, visits, or services I provide outside of the scope of responsibility assigned by the Special Category Program.
- *I understand that the Special Category Program and/or the department in which I am placed reserves the right to discipline or terminate any assignment for violating or failing to fully comply with hospital or departmental policies, procedures, standards, or regulations. I recognize that the Special Category Support Team or my departmental supervisor has the authority to discontinue the service of any associate when such a decision would be in the best interest of the hospital or its patients.
- *I understand that this form will become an official part of my non-employee file. Failure to comply with the provisions in this document as well as the policies referred to within it, will result in disciplinary actions up to and including termination of my assignment from Children's National Hospital.

By typing your name, you are confirming that you have read and understood each statement. For any questions, please contact specialcategory@childrensnational.org.

Signature: _____ Date: _____