



CHAPTERS
HEALTH SYSTEMSM

Confidentiality and Security Agreement

I understand that Chapters Health System, Inc. (together with its affiliates, the "Company") and its employees and agents have a legal and ethical responsibility to protect the confidentiality of patient information. Additionally, the Company must assure the security and confidentiality of other confidential and/or proprietary information of the Company, such as information relating to fiscal policies and goals, business operations, research, internal reporting, strategic plans, computer systems and other communications information technology, vendors, donors and trade secrets (such patient information and other confidential and/or proprietary information being referred to as "Confidential Information").

As an employee/volunteer/contractor/student at the Company, I understand I may have access to or possess Confidential Information. I will access and use Confidential Information only when it is necessary to perform as requested or authorized by the Company in accordance with policies and procedures of the Company that are available on the Company's intranet. I further understand that I must sign and comply with this Agreement in order to obtain authorization to access, possess and use Confidential Information.

1. I will not disclose or discuss any Confidential Information with others who do not have a need to know it, including friends and family.
2. I will not in any way divulge, copy, release, sell, loan, alter or destroy any Confidential Information, except as expressly authorized in advance by the company.
3. I will avoid discussing Confidential Information where others can overhear the conversation. I acknowledge that it is not acceptable to discuss Confidential Information even if the patient's name is not used.
4. I will not make any unauthorized transmissions, inquiries, modifications or purges of Confidential Information.
5. I agree that my obligations under this Agreement will continue after termination of my association with the Company.
6. Upon such termination, I will immediately return any Company issued equipment, documents or media containing Confidential Information to my manager or to Human Resources.
7. I understand that I have no right to any ownership interest in any information provided to me or accessed or created by me during my association with the Company, except as authorized by the Company in writing.
8. I will act in the best interest of the Company and in accordance with its Code of Conduct.
9. I understand that violation of this Agreement may result in disciplinary or other remedial action, including termination of the relationship with the Company.
10. I will only access or use systems or devices that I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
11. I understand that I should have no expectation of privacy when using the Company's information systems. The Company may log, access, audit and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.
12. I will practice good workstation security measures such as locking up data storage devices and portable devices when not in use, using screen savers with activated passwords appropriately, and positioning screens away from public view.
13. I will practice secure electronic communications by transmitting Confidential Information only to authorized persons or entities in accordance with approved security procedures.
14. I will safeguard the privacy of Confidential Information that is transported in my automobile or other vehicle.
15. I will use only my officially assigned user-ID and password, use only approved licensed software, and use a device with virus protection software.
16. I will not share or disclose user-IDs or passwords, use tools or techniques to break or exploit security measures, or connect to unauthorized networks through the systems or devices.
17. I will notify my manager immediately if my password has been seen, disclosed or otherwise compromised. If unable to reach manager immediately, I will notify the Helpdesk to inactivate my password
18. I will report immediately to my manager or the Company's Privacy or Security Officer any disclosure of Confidential Information in violation of this Agreement or any other incident that could have any adverse impact on Confidential Information.

By checking this box and typing/signing my name below, I acknowledge that I have read this Agreement, understand it, and complete this on my own free will.

Signature <i>(type name if completing electronically)</i>	Printed Name	Date
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