



Washington/Montana Region Non-Employee Confidentiality and Nondisclosure Statement

Name: _____
(Last, First, MI – Please Print)

PMW-WA Contact: _____

I understand that in the course of performing services on behalf of Providence Health System – Washington (PHS-WA) d.b.a. Providence Marianwood (PMW hereafter), I will have access to information not generally available or known to the public. I understand that such information is confidential information that belongs to PMW. Confidential information includes but is not limited to patient, customer, member, provider, group, physicians, employee, financial, and proprietary information, whether oral or recorded in any form or medium. I understand that information developed by me, alone or with others, may also be considered information belonging to PMW.

I will hold confidential information in strict confidence and will not disclose or use it except (1) as authorized by PMW; (2) as permitted under written Agreement between PMW and my employer or myself; (3) consistent with the scope of services I perform on behalf of PMW and with applicable PMW policies and practices; and (4) solely for the benefit of PMW, its patients, members and other customers.

I understand that this Confidentiality and Nondisclosure Statement does not limit my right to use my own general knowledge and experience, whether or not gained while contracting with PMW, or my right to use information that becomes generally known to the public through no fault of my own.

I will not access Confidential Information for which I have no legitimate need to know.

I understand it is my responsibility to become familiar with and abide by applicable laws, regulations and PMW policies and protocols regarding the confidentiality and security of confidential information.

I understand that e-mail is not a secure, confidential method of communication. I will not include confidential patient information in e-mail communications outside of the Providence Health System (i.e. from or to non-providence.org email addresses, without first contacting the Privacy Officer of the Information Security Officer for current protection method information).

I understand that PMW electronic communication technologies (Internet and e-mail) are intended for benefit of PMW, however limited personal use is permitted. Personal use is defined as incidental and occasional use of electronic communications technologies for personal activities that should normally be conducted during personal time, such as break periods, or before and after scheduled working hours, and is not in conflict with PMW business requirements. Internet usage is monitored and audited on a regular basis by PMW management. PMW management also reserves the right to monitor e-mail and telephone usage.

I understand that if I breach the terms of this confidentiality and nondisclosure statement or any applicable PMW confidentiality, privacy, and/or security policies; PMW may terminate my computer access. I further understand that I may be subject to any applicable sanctions or disciplinary actions as determined by my relationship and contracts of agreements with PMW, up to and including termination of that relationship or contract/agreement, if applicable.

Signature

Date

Bellevue College - NAC Program
Company or Affiliation

2009