

Student / Faculty ACCEPTABLE USE ACKNOWLEDGMENT

This Acceptable Use policy applies to Providence Health & Services employees/caregivers, volunteers, trainees, and all others doing business with Providence.

Compliance with this policy is an absolute minimum expectation of employment or association with Providence. Additional detail can be found in the Acceptable Use of Information and Information Systems security policy.

We must promote and protect the confidentiality, integrity, and availability of Providence information and technology. This obligation extends to all of our information systems and technology resources including data, systems, networks, and devices (e.g., desktop computers, laptops, Personal Data Assistant (PDA), smart phones, fax machines and copiers).

I acknowledge that:

- Internet usage, communications and transactions on Providence systems are not private. All computer activity is recorded and can be traced to a specific user ID.
- Information and technology associated with or belonging to Providence must be protected by taking appropriate measures such as keeping passwords private, encrypting all computers and devices, and locking all portable devices. Additional information and online training on how to protect information and technology is provided by Providence.
- Providence reserves the right to limit or restrict the use of information or technology to meet the business and service obligations of the organization.

Although information and technology resources are for business use, limited personal use may be permitted with the following restrictions:

- Usage must be reasonable, lawful and ethical.
- Usage must not interfere or be in conflict with Providence responsibilities or productivity.

This commitment is not only our policy, it is the law.

I acknowledge that I have read and understand the Providence Acceptable Use policy.

Signature: Tuffy Titan

Date: 12/05/2022

Printed Name: Tuffy Titan

Student or Faculty (Circle)

Department: Leadership

Work Location Ministry/ Facility Site: St. Joseph Hospital

Department:

- If you are in N403L, write in Med-Surg
- If you are in N404L, write in Mental Health
- If you are in N405L, write in Med-Surg
- If you are in N406L, write in Obstetrics
- If you are in N410L, write in Leadership
- If you are in N411L, write in Complex-Care
- If you are in N412L, write in Critical-Care Capstone

Facility Site:

- St. Joseph Hospital
- St. Jude Medical Center
- Mission Hospital

STUDENT / FACULTY ACKNOWLEDGMENT OF COMMITMENT TO THE CODE OF CONDUCT

These standards in the Providence Code of Conduct do not, nor were they intended to, cover every situation you may encounter. They provide only broad guidance that is defined in greater detail by the various policies, standards, procedures and guidelines of Providence, your region and your facility.

Providence is committed to the standards outlined in this Code of Conduct. Your commitment is critical to the success of this Integrity and Compliance Program. Failure to do so is grounds for disciplinary action, up to and including termination, in accordance with your personnel policies and/or collective bargaining agreement if applicable.

As with any policy, compliance with the Providence Code of Conduct is a condition for, but not a guarantee of, continued employment.



I acknowledge that I have received a link to the Providence Code of Conduct, and can request a written copy from my faculty.

I understand that I am responsible for becoming familiar with the information contained in the Code and that this Code does not include all of the specific policies of Providence.

I further understand that any clarification of the contents of this handbook will be provided upon my request, by my faculty or the local or regional compliance office or the System Integrity office of Providence.

Tuffy Titan

Tuffy Titan

Name (Please Print) Role: **Student** or Faculty (Circle one).

Signature

12/05/2022

St. Joseph Hospital - Leadership

Date

Ministry/Facility and Department

Facility Site:

St. Joseph Hospital
St. Jude Medical Center
Mission Hospital

Department:

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Capstone

**Student / Faculty
CONFIDENTIALITY &
NONDISCLOSURE STATEMENT
SYSTEM SUPPORT SERVICES**



Name: Titan, Tuffy Position: **Student** or Faculty (Circle one)
(Last, First, MI – Please Print)

I understand that as an student or faculty assigned within the Providence Health & Services-System Support Services (PH&S-SSS), 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 PH&S-SSS. Confidential information includes but is not limited to patient, customer, member, provider, group, physician, 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, within the scope of my clinical rotation with PH&S-SSS or which involved PH&S-SSS resources should also be considered confidential information belonging to PH&S-SSS in accordance with PH&S-SSS policies and procedures, unless otherwise specifically agreed in writing between me and an authorized representative of PH&S-SSS.

I will hold confidential information of PH&S-SSS in strict confidence and will not disclose or use it except as authorized by PH&S-SSS, for Providence Health & Services' benefit.

I will not knowingly access any of the PH&S-SSS 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 PH&S-SSS policies and protocols regarding the confidentiality and security of confidential information.

I understand that PH&S-SSS views certain types of e-mail as not a secure, nor as a confidential method of communication. I will not include confidential patient information in e-mail communications outside of the Providence Health & Services (i.e. from or to non-providence.org email addresses), without first contacting the Privacy Officer or the System Integrity Officer for current protection method information and utilizing any such protection methodology in such e-mail communications.

I understand that PH&S-SSS electronic communication technologies (Internet and e-mail) are intended for job-related activities, 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 business requirements of the department. Internet usage is monitored and audited on a regular basis by PH&S-SSS management. PH&S-SSS management also reserves the right to monitor e-mail and telephone usage.

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 employed by PH&S-SSS, or my right to use information that becomes generally known to the public through no fault of my own.

I understand that if I breach the terms of this Confidentiality and Nondisclosure Statement, PH&S-SSS may institute disciplinary action up to and including termination of my employment with PH&S-SSS.

Tuffy Titan

Student /Faculty Signature

12/05/2022
Date