



AUTHORIZED AFFILIATE CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

Obligations Regarding Confidentiality and Security of Scripps Data and Information

Confidential Information, which includes protected health information (PHI), personal financial information (PFI) and other sensitive or proprietary Scripps organizational information, is protected by Scripps' policies and state and federal regulations regarding the privacy and security of patient information.

I understand that in my capacity as an Authorized Affiliate, I have been granted access to Scripps Confidential Information within the Scripps Network, including but not limited to the email system, Electronic Health Record (EHR), and Epic.

I UNDERSTAND AND AGREE TO THE FOLLOWING:

- Any Confidential Information (includes any/all patient information) that I may access in the Scripps Network does not belong to me, and I have no ownership to such information. Accordingly, Scripps, at its sole discretion, may remove, or in any manner restrict, my access to Confidential Information, or any subset of Confidential Information, at any time and for any reason.
- I will only access, use, download and/or disclose patient information necessary for me to perform my duties as an Authorized Affiliate, as defined by Scripps and, if applicable, my employer.
- I will not access, view, copy, photograph, or in any other manner obtain, any PHI or PFI not required for performance of my work. This specifically includes any information that pertains to me, or to any member of my family.
- I will take all necessary steps to safeguard Confidential Information, consistent with Scripps policies.
- I will protect my computer passwords and will not share them with anyone or any entity. My user IDs and passwords are my "electronic signature," and I am accountable for all access and actions under my logon.

I AGREE TO REPORT CONCERNS REGARDING PRIVACY OR INFORMATION SECURITY:

- If I believe that I, or any other individual or entity, has inappropriately accessed, used, or disclosed Confidential Information, I will immediately report my belief and any supporting facts to my supervisor, as well as the Scripps Privacy Office at (858) 678-6819 or via the [Privacy and Compliance Incident Report Form \(ethicspointvp.com\)](#)
- I will immediately report any Information Security Incident to the IS Help Desk (858-678-7500). An Information Security Incident includes any lost or stolen computer, handheld device, cell phone, and/or electronic storage media, or any disclosure or misuse of my password.

ACKNOWLEDGEMENT OF MY RESPONSIBILITIES:

I have read and understand this Authorized Affiliate Confidentiality and Non-Disclosure Agreement. My obligations under this Agreement shall survive the termination of my status as an Authorized Affiliate. I also understand that any failure to comply with any term of this Agreement may impact Scripps Health Authorized Affiliate status. I also understand that Scripps may terminate my access to the Scripps Network and its data, now and in the future. By signing below, I understand that I am agreeing to the terms of this Agreement, and that I agree to be bound by them.

Name (Print) and Title

Employer / Practice Name

Signature

Date

Corporate ID# (6-digits)