OSF LIFE FLIGHT

OSF HealthCare/OSF Life Flight
Confidentiality Agreement

This Agreement is entered into at the time of, or in connection with entrance into OSF Aviation/OSF Life Flight, any OSF Healthcare facility or any other non-OSF Healthcare organization during the OSF Life Flight observation experience. By their presence in these locations during the observation experience, the below named signatory will have either direct or indirect access to confidential and sensitive information. The protection of the privacy, security and confidentiality of information is a matter of concern for all persons who have access to confidential and sensitive information. Each person accessing this information holds a position of trust relative to this information and must recognize the responsibilities entrusted to them in preserving the privacy, security, and confidentiality of this information.

Confidential and sensitive information is defined as: patient information, health plan member information, employee information, financial information, and/or business information. Confidential and sensitive information may be accessed in a variety of ways including: the OSF and non-OSF electronic information systems, paper records, observing/listening to telephone, radio transmission or recorded conversations, face to face patient report/handoff and patient transport debriefing activities.

The named signatory of this document will not use or disclose the contents of any record or report except as necessary and appropriate and as permitted by federal, state, and local laws and will comply with all applicable policies of OSF HealthCare. This includes both paper and electronic records. Furthermore, it is recognized that confidential and sensitive information will only be disclosed to those authorized to receive it.

The purpose of this visit by is to (check applicable): ☐ Clinical experience/observation, FlightComm observation

☐ Clinical requirement, media/marketing/videography project

The Signatory hereby agrees:

1. To view only the systems or applications named above.
2. To protect the confidentiality of information disclosed during the demonstration of the above named applications. This responsibility does not end when I leave OSF Life Flight or any other OSF or non-OSF healthcare organization.

Signatory:

Name: _____

Date: _____

Signature: _____

Rev. 12/15 2017