



WASHINGTON ADVENTIST HOSPITAL LABORATORY

The next 3 pages contain the documents listed below. These are required elements of Washington Adventist Hospital orientation.

Print the documents, read thoroughly, and complete the information at the bottom.

Return all signed documents to your supervisor.

1. Employee Acknowledgement of the Code of Conduct and Organizational Integrity Program
2. Computer Security Agreement
3. Software Code of Ethics



**EMPLOYEE ACKNOWLEDGEMENT
OF THE
CODE OF CONDUCT AND ORGANIZATIONAL INTEGRITY PROGRAM**

By signing this acknowledgement form, I attest to having received the Adventist HealthCare Organizational Integrity Program Handbook and the Code of Conduct, and that I have attended the Organizational Integrity Program Orientation, as a part of New Employee Orientation.

Also, I attest that I have not been convicted of, or charged with, a criminal offence related to health care, nor have I been listed by a state or federal agency as debarred, excluded or otherwise ineligible for participation in state or federally funded health care programs.

I understand that any violation of the Organizational Integrity Program, the Code of Conduct, or any other integrity policy or procedure may be grounds for disciplinary action, up to and including termination of employment. If I become aware of any potential violation, I will promptly report it to management or to a Local Integrity Officer.

I accept that the requirements of the Organizational Integrity Program go into effect when I sign this Employee Acknowledgement.

Name (Printed): _____ Dept: _____ Employee ID No. _____

Signature: _____ Date: _____

This form will be collected at Employee Orientation and forwarded to the Human Resources department for record keeping. Thank you.

Adventist HealthCare, Inc. CORPORATE POLICY MANUAL Computer Security Agreement

Effective Date: 09/03 New

Cross Referenced:

Reviewed: OIC

Revised: 9/05

Policy No: AHC 6.1.1

Origin: IT

Authority: EC

Page: 1 of 1

This agreement was developed to protect you and your information needs. Please read it carefully so you understand the responsibilities that come with the right of access to the Adventist HealthCare's ("AHC") computing environment.

"Confidential Information" includes information relating to:

- A. Any individuals' **Protected Health Information (PHI)**, which is information that identifies an individual (name, social security number, account number, etc.) and is created or received by a health care provider (like AHC), health plan, employer or healthcare clearinghouse, is transmitted or maintained in any medium (i.e. electronic medical record, paper, oral), and relates to the past, present or future physical or mental health condition, or payment for the provision of care (including medical records, conversions, admitting information, and patient financial information);
- B. Employees (including medical records, compensation, benefits, employment records, and disciplinary actions);
- C. Adventist HealthCare Inc. information (including financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs and technology and source code): and
- D. Proprietary third-party information (including computer programs and technology, client or vendor information and source code).

I, the undersigned, acknowledge the establishment of my computer password and understand that:

- I may learn of or have access to Confidential Information through Adventist HealthCare's computer systems (including, but not limited to patient care information systems, other clinical and financial information systems, the longitudinal patient record, and the actuarial and claims systems).
- I will protect the confidentiality of all information in Adventist HealthCare Information Systems Network.
- My password is for my exclusive use and is the equivalent of my signature; I will not disclose this sign-on information to anyone.
- I will not attempt to learn another user's password.
- I will not attempt to access nor input any information via the computer system other than what pertains directly to my position and/or job description, or what has been assigned to me by my superiors.
- Adventist HealthCare may routinely monitor and audit access to information regarding, but not limited to, employees and patients, their relatives, public figures, and VIPs for appropriateness of access to such information as it relates to my legitimate duties.
- If I have reason to believe that the confidentiality of my password has been broken, I will re-establish a new password for myself, and notify my supervisor of such a breach.
- I will sign off the computer when I leave the computer system.
- E-Mail system will be used in ways consistent with the E-Mail, Internet Use and Standards policy.
- I understand that if I violate any of the above statements, I will be subject to disciplinary action up to and including termination.
- I understand that violation of my duties as discussed above may independently constitute a violation of applicable criminal/civil laws.
- I have received training and understand concepts regarding confidentiality, privacy and security as they relate to the Health Insurance Portability and Accountability Act (HIPAA), and was given the opportunity to ask questions.
- I understand that my password will be deleted from the Adventist HealthCare's computing environment at the time that I terminate my employment from any facility associated with the Adventist HealthCare system or after 90-days of inactivity. Should I be re-employed at any of the facilities, I will be required to establish a new password.
- I further understand that extracting electronic PHI ("ePHI") data in any form by any means (including but not limited to paper, CDs, floppy disk, jump drives, PDAs, e-mail attachments, picture phones, scanning) and removing from AHC and/or its Entities premises, requires approval from the Department Manager, Director, or the HIPAA Chief Privacy Officer.

Name (Printed) _____ Department _____ Employee ID No. _____

Signature _____ Date _____

**Adventist HealthCare Inc.
Corporate Policy Manual
SOFTWARE CODE OF ETHICS**

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Effective Date: 09/03 NEW
Cross Referenced:
Reviewed:
Revised:

Policy #: AHC 6.4.1
Origin: IT
Authority: EC
Page: 1 of 1

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This code of ethics states the policy concerning software duplication for Adventist HealthCare and all of its entities (hereafter referred to as AHC). All employees will use software only in accordance with its license agreement. Unless otherwise provided in the license, any duplication of copyrighted software, except for backup and archival purposes, is a violation of the law. Any unauthorized duplication of copyrighted computer software violates the law and is contrary to AHC's standards of conduct. The following points are to be followed to comply with software license agreements:

1. Use of all software will be in accordance with license agreements.
2. Legitimate software will promptly be provided to all employees who need it. No employee will make any unauthorized copies of any software under any circumstances. Anyone found copying software other than for backup purposes is subject to disciplinary action up to and including termination.
3. Use of any unauthorized copies of software within AHC will not be tolerated. Any person illegally reproducing software can be subject to civil and criminal penalties including fines and imprisonment. AHC does not condone illegal copying of software under any circumstances and anyone who makes, uses, or otherwise acquires unauthorized software will be appropriately disciplined.
4. No employee will give software to any outsiders including clients, customers and others.
5. Any employee who determines that there may be a misuse of software within AHC will notify their area manager, director or legal counsel.
6. All software used by AHC on company computers will be properly purchased through appropriate procedures.
7. I have read Adventist HealthCare code of ethics. I am fully aware of the software policies and agree to abide by those policies.

Employee Name (Printed)

Department

Employee ID Number

Employee Signature

Date