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**FORM 2507-A****North Sound Mental Health Administration (NSMHA)  
Annual Oath of Confidentiality and Non-Disclosure Agreement**

Organizational information that may include, but is not limited to, financial, patient identifiable, employee identifiable, intellectual property, financially non-public, contractual, of a competitive advantage nature, and from any source or in any form (i.e. paper, magnetic or optical media, conversations, film, etc.), may be considered confidential. The confidentiality and integrity of such organizational information are to be preserved and its availability maintained. The value and sensitivity of information is protected by law and by NSMHA's strict policies. The intent of these laws and policies is to assure that confidential information will remain confidential through its use, only as a necessity, to accomplish NSMHA's mission.

As a condition of receiving computer Logon Credentials and to be allowed access to a computer or system and/or being granted authorization to access any form of confidential information identified above, I, the undersigned, agree to comply with the following terms and conditions:

1. My Logon Credentials are equivalent to my legal signature and I will not disclose these to anyone, or allow anyone to gain access to the system using my Logon Credentials;
2. I am responsible and accountable for all entries made and all retrievals from the computer system made through the use of my Logon Credentials, even if such action was made by me or by another due to my intentional or negligent act or omission. Any data available to me will be treated as confidential information;
3. I will not attempt to learn or use another's Logon Credentials;
4. I will not attempt to gain access to any on-line computer system using a Logon Credentials other than my own;
5. I will not attempt to gain access to, or request any information, for which I have no responsibilities. In addition, I will not attempt to gain access to any other confidential information, including personnel, billing or private information unless this access is included in my role;
6. If I have reason to believe that the confidentiality of my User Logon Credentials and/or password has been compromised, I will immediately change my password and notify NSMHA Information Systems (IS/IT) Specialist;
7. I will not disclose any confidential information unless required to do so in the official capacity of my employment or contract. I also understand that I have no right or ownership interest in any confidential information;
8. I will not leave a secured computer application unattended while signed on;
9. I will comply with all policies and procedures and other rules of NSMHA relating to confidentiality of information, privacy, security and sign-on codes;
10. I understand that my use of the system will be periodically monitored to ensure compliance with this agreement;
11. I agree not to use the information described above in any way detrimental to the organization and will keep all such information confidential and secured while in my control or possession;

12. I will not disclose Protected Health Information (PHI) or other information that is considered proprietary, sensitive, or confidential unless there a “need to know” basis exists;
13. I will limit distribution of confidential information only to parties with a legitimate need, in order to carry out or further NSMHA’s mission;
14. I agree that disclosure of confidential information is prohibited indefinitely, even after termination of my employment or my business relationship, unless specifically waived in writing by the authorized party; and
15. This Agreement shall survive the termination, expiration, or cancellation of this Agreement.

I further understand that if I violate any of the above terms, I may be subject to disciplinary action, including, but not limited to, loss of privileges, discharge, termination of contract, legal action for monetary damages or injunction, or both, or any other remedy available to NSMHA.

Staff Member’s Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_