Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan
850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96913
TEL.: (671) 647-2444 or 647-2330
FAX: (671) 649-0145

CONFIDENTIALITY STATEMENT

This statement is to include but not limited to employees, volunteers, students, physicians, and third parties.

It is the policy of Guam Memorial Hospital Authority to respect and protect the privacy rights of patients, their families, staff and third parties. ALL information contained in medical records, staff files, computer banks/systems and hospital records of any kind is strictly confidential. In addition, any information about the Hospital's business, patients, families, staff or third parties (and/or agents of) which is disclosed or becomes known in the course of one's job must be kept confidential.

IT IS THE EXPECTATION OF THE HOSPITAL FOR ALL INDIVIDUALS TO THOROUGHLY UNDERSTAND THAT VIOLATION OF ANY ASPECT OF THIS POLICY WILL RESULT IN CORRECTIVE ACTION.

The use of automated systems with the hospital has added another dimension in the safeguarding of confidential material. Anyone who is authorized to access the electronic patient and/or employee records will be issued a confidential password. The use or disclosure of another individual's password or unauthorized accessing of past or present patient or employee information is grounds for immediate corrective action.

The electronic information systems will list and record inquiries and transactions involving system access. This record includes: application/module, user, date/time/duration of inquiry, patient name and terminal location. Any knowledge of a breach of this policy is to be reported to your immediate supervisor who will be responsible for advising the Director of the department involved. This information will then be presented to the Director of Human Resources for review.

Breach of this policy by individuals of the hospital regarding information about past or present patients or employees will be cause for corrective action, which may include termination.

I have read and understand the above statements.

_____   _____
Print Name   Position

_____   _____
Signature   Date