

## CONTRACTOR INFORMATION SECURITY AGREEMENT

This Agreement must be completed by non-employees, physician staff non-employed, med students, vendor support contractors and other contractors who are granted access to Bon Secours Mercy Health (BSMH) systems.

1. I understand that while carrying out my duties and responsibilities within the Bon Secours Mercy Health system and/or its affiliated entities (collectively known as the "organization"), I may gain knowledge or be given access to confidential information related to patients, employees, physicians and/or business operations. Therefore, I agree to the following terms and provisions, as a condition of my temporary use of Bon Secours Mercy Health systems or equipment:
2. I understand that I have an ethical and legal duty to maintain the confidentiality of all information belonging to the organization, regardless of form (verbal, written or electronic), both during and after my association with the organization. I will not access or disclose information to unauthorized individuals or parties inside or outside of the organization.
3. I understand that it is the policy to grant access to information on a "need to know" basis. I will not access or utilize confidential information beyond what is provided to carry out my duties.
4. I understand that I may be issued IDs and passwords to access information from various computer systems and locations. I agree to only use my assigned ID and password(s) to access information that is required to perform my duties. I understand that my ID is equal to a written signature and I am responsible for all access and work completed under the authority of my ID. I agree not to disclose or share my password(s) with any other person. I will notify the Bon Secours Mercy Health Service Desk (1-833-MY1Help (833-691-4357)) immediately if I have reason to believe my ID or password(s) have been stolen or used inappropriately. I will change password(s) as required.
5. I understand that access granted to any organizational electronic resources (e.g., computers, PDAs, copiers/scanners, fax machines, cell phones, telephones, pagers) is provided for the sole purpose of fulfilling my duties on behalf of the organization or for the exclusive purpose of accessing my company's email account.
6. During the course of performing services for the organization it may be necessary to install software used to access Bon Secours Mercy Health's systems. I agree not to copy, transmit or install software, applications or other data *to or from* any organizational electronic resources unless authorized by the organization. All software and documentation provided by Bon Secours Mercy Health shall be treated as confidential. I further agree not to create or distribute copies of said software and to uninstall and return or destroy all software media and documentation provided by Bon Secours Mercy Health. I also agree not to compile subsets of data for my own personal use, whether in written or electronic form.
7. I will use voicemail, electronic mail and the Internet in a responsible manner and consistent with promoting effective communication within the organization. I agree to take responsible safeguard measures (e.g., encryption, password protection, use of secured portals and secure email) when transferring confidential information to authorized parties outside the organization. I will not use a personal email account for organizational communication. I understand that all voicemail and email are the property of the organization, and as such, is not private communication. I understand these communications may be monitored for training, maintenance or investigative purposes. I also understand that deleting messages or emails will not remove them from the database or protect them from auditing.
8. I will not download, install, display or transmit inappropriate material or messages on any electronic resource provided by the organization. I am obligated to report immediately to Bon Secours Mercy Health IT Security any receipt or transmission of inappropriate materials or messages.
9. I agree to limit my access within Bon Secours Mercy Health facilities to authorized areas and individuals only as designated by my Bon Secours Mercy Health contact person. I also agree to limit my activities to include only those required by Bon Secours Mercy Health for this engagement. Roaming or solicitation of Bon Secours Mercy Health employees or visitors within a Bon Secours Mercy Health facility is prohibited.
10. I agree to comply with all government regulations including, but not limited to HIPAA and FTC Breach Notification rules.
11. The use of photographic equipment and capabilities (e.g., cell phone) is limited to public areas without the explicit permission of Bon Secours Mercy Health.
12. I will immediately report any misdirected, lost or stolen information or electronic resources or devices to Bon Secours Mercy Health Service Desk 1-833-MY1Help (833-691-4357) so that the organization can initiate proper corrective action.
13. I understand that any willful destruction of information, unauthorized access, modification, or disclosure of confidential information or violations of the terms listed above constitutes a legal and ethical breach of this agreement. I also understand that I may become personally subject to civil and criminal legal action and financial penalties resulting in privacy, security and confidentiality breaches that I commit.

I declare that I have read and understand this agreement; I have been given the opportunity to ask questions and have my questions answered, and that I intend to fully comply with all of its provisions.

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Name (Please Print)

Company

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Signature

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Date