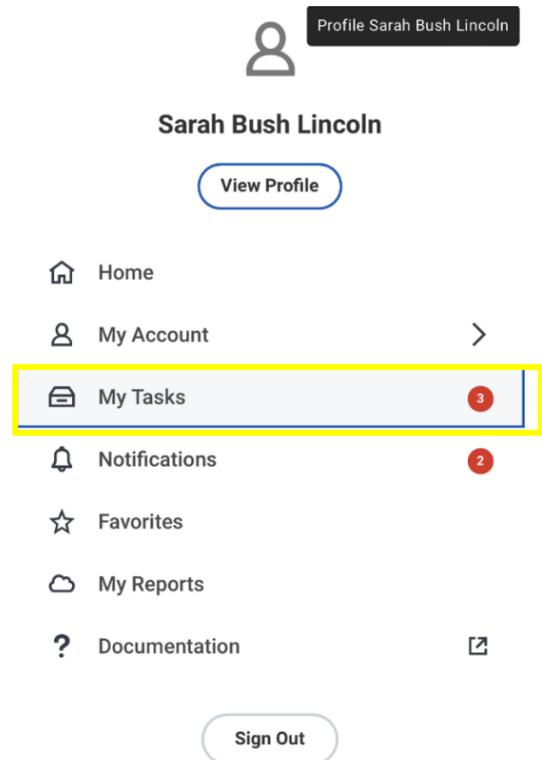
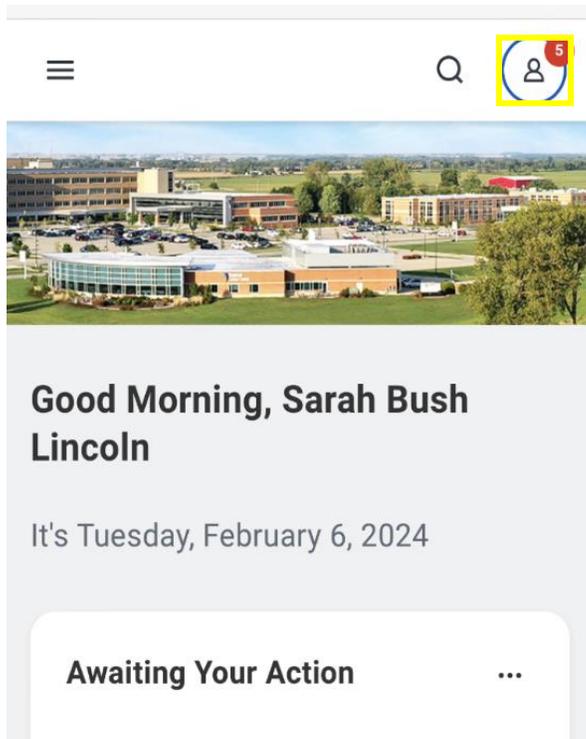


Review Documents

Pre-Hire User Guide – Mobile

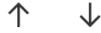
1. Once logged in to Workday, navigate to the person icon in the top right corner. Click “My Tasks”
2. Find task titled Review Documents
3. Click the Confidentiality Computer Agreement – select “start”, review carefully, and click the “Sign” button on the signature line
4. Input your signature, select Adopt and Sign
5. Review Badge Payroll Deduct Acknowledgement.
6. Click “I agree” and continue.

1.



3.

← Item 4 of 5



Review Documents for Onboarding for Sarah Bush

Lincoln 



Created: 02/06/2024 | Due: 02/08/2024 |
Effective: 02/07/2024

Documents



Confidentiality Computer Agreement.pdf



ID Badge Payroll Deduct Acknowledgment.pdf



Select Start to begin

START

DocuSign Envelope ID: 88CE3590-9EF1-4E30-ADC3-3D4898551030

Policy No.: SA070

CONFIDENTIALITY AND COMPUTER SECURITY AGREEMENT

As an employee and/or Healthcare Practitioner of the Sarah Bush Lincoln Health System or an approved independent practitioner or office staff member, I will have access to confidential information in the course of performing my job responsibilities. **I will not access protected health information for:**

- Patients that are not assigned to my care and treatment
- Patients whose records or accounts are not directly assigned to me during the performance of my job responsibilities.

I acknowledge that I am to maintain all patient, physician, and employee information, and passwords, security codes and all computer and electronically acquired information in a confidential manner. This maintains my compliance with the Health Insurance Portability and Accountability Act (HIPAA) passed into law on August 21, 1996.

Protected health information may not be revealed to anyone without proper written and signed authorization of the patient or guardian or as otherwise allowed by law. **This authorization must be obtained through Medical Record Management and/or appropriate representatives in Health System clinics.** I understand that I am never to disclose, discuss or review, for personal purposes, any information from a patient's medical record or information relating to the care and treatment of any patient within the Health System.

The security codes issued by Information Systems (IS) are unique and known only to me, the IS security officer, and appropriate administrative personnel. To maintain the security of the SBLHS network, I understand that I am the only person authorized to use my security codes, as they will identify me on all of the SBLHS networks and systems.

I further understand that it is a breach of trust for me to divulge my computer security code to another, to use another employee's security code, or to use my security code for a purpose not required to perform my job. I realize there are legal implications in using a security code that is not my own, and that it is my responsibility to request a new security code if I believe another employee has knowledge of my code.

I understand I am responsible for the confidentiality of all SBLHS patient/employee/financial data that I access or obtain through a SBLHS computer, and will properly file, distribute, destroy and/or delete such information when the information is no longer required.

Electronic mail and Internet usage are governed by the same confidentiality rules as for computer access, and are to be utilized for business purposes only. I am responsible for the ethical use of the systems' capabilities, and will utilize the system appropriately to improve productivity and communication. The use of electronic mail to communicate vulgar, offensive, or inappropriate messages, including racial or sexual slurs is not permitted under any circumstances and will subject the sender to disciplinary action.

I understand that any violation of any security and confidentiality policy and procedure for the Health System will result in **disciplinary action, suspension and immediate termination** of my employment or Healthcare Practitioner privileges with

SBLHS and/or computer access.

 (Please Print)

Signature

Department Name (if applicable)

Date

Close

4.

* Required

Full Name*	Initials*
<input type="text" value="Sarah Bush Lincoln"/>	<input type="text" value="SBL"/>

SELECT STYLE **DRAW** UPLOAD

DRAW YOUR SIGNATURE Clear



By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts.

ADOPT AND SIGN CANCEL

Close

5/6.



Please Review & Act on These Documents

 **Katy Lytle**
Sarah Bush Lincoln

Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures.

☰ **CONTINUE**

Close