

**CONFIDENTIALITY
STATEMENT**

Augusta University and its affiliated health system (AU Medical Center, Children’s Hospital of Georgia, AU Medical Associates and Roosevelt Warm Springs Hospital) maintain strict confidentiality and security of paper and electronic records in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and the Georgia Personal Identity Protection Act (GPIPA), in addition to other federal and state laws. These laws pertain to the confidentiality and security of all records that contain directly identifiable information that could reveal confidential information concerning our students, our customers and patients, our research participants, our employees, volunteers, donors and alumni.

Our employees, students, volunteers and authorized others may access such confidential information to the extent necessary to perform their duties within our university and our health system. As an individual with access to confidential information at any of our institutions, you are required to protect against unauthorized access and disclosure, to ensure the privacy and security of records, and to report any suspected or known threats or violations related to this confidential information. You must be very careful not to disclose this information to any individuals, including but not limited to unauthorized university or health system employees, who do not have a **work or business related need to know**. If in doubt, you should act to preserve the confidentiality of such information, until you have verified the work or business related need for access through your supervisor or his/her designee, one of our legal offices, or the Enterprise Privacy Officer.

Augusta University defines **unauthorized** access or disclosure as:

- Access to student, patient, research participant, employee, volunteer, donor, or alumni information not necessary to carry out your job responsibilities. This includes access to the confidential records of your family, friends and acquaintances or your records that is not for a legitimate work or business related need.
- Disclosure of student, patient, research participant, employee, volunteer, donor, or alumni records to unauthorized internal or external recipients.
- Disclosure of additional or excessive student, patient, research participant, employee, volunteer, donor, or alumni information to an authorized individual/agency than is essential to the stated purpose of an approved request.

Information may not be accessed, used, disclosed, copied, sold, loaned, reviewed, stored, transmitted, altered or destroyed except as properly authorized by the appropriate university or health system official within the scope of applicable federal or state laws and university and health system policies, including record retention schedules and corresponding policies. No university or health system workforce member or other individuals are permitted to realize any personal gain as a result of disclosing or using confidential information. This obligation of nondisclosure or unauthorized use continues indefinitely, even after your relationship with the university and health system ends.

You must abide by university and health system rules, regulations, policies and procedures as well as federal and state laws applicable to your position at the university or health system. Your failure to comply with any applicable law or procedure may result in the revocation of your access to confidential information; disciplinary action, including termination of employment or student status; and/or criminal and/or civil penalties, depending upon the nature and severity of the breach of confidentiality.

- I will not access my own or my family’s record in any information system without prior authorization, and only after following the applicable procedure to do so.
- I will not disclose my user access and passwords to anyone.
- I acknowledge my accountability for all activity performed under my login.

Print Name:	<input type="checkbox"/> AU <input type="checkbox"/> AUMC <input type="checkbox"/> AUMA <input type="checkbox"/> Contractor <input type="checkbox"/> Other
Signature:	<input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Date:	Define Other: