

## Access and Confidentiality/Culture of Yes Agreement

### *Definitions*

1. MUHC – Shall refer to University of Missouri Health Care.
2. Member – Shall refer to staff, volunteers, students, agency staff, physicians, contract staff, job shadowers, observers, and vendors that are affiliated with the University of Missouri Health Care (MUHC).
3. Employment – Shall refer to any MUHC Hospital appointment granted to the defined member.

*A*s a member of MUHC, you may have access to what this agreement refers to as "confidential information." This agreement will help you understand your responsibilities regarding access to and protection of confidential information.

Confidential information includes patient/staff/volunteer/student information, financial information, other information relating to MUHC, its affiliates, or other parties with whom MUHC shares an electronic record, and information proprietary to other companies or persons. You may learn of or have access to some or all of this confidential information through a computer system or through your employment activities.

Confidential information is valuable and sensitive and is protected by state and/or federal law, and by strict MUHC policies. The intent of these laws and associated policies is to assure that confidential information will remain confidential, and will be used only as necessary to accomplish MUHC's mission. As a member, you are required to conduct yourself in strict conformance with applicable laws and relevant University policies governing confidential information. **Violation of any of these applicable laws and/or policies may subject you to discipline, which may include, but is not limited to, termination of employment, loss of volunteer status and/or legal liability.**

*A*s a member you understand that you will have access to confidential information which may include, but is not limited to, information relating to:

- Patients (through electronic and paper records, conversations, admittance information, patient/member financial information, etc.);
- Staff, volunteers, or students (such as employment records, grades, performance evaluations, disciplinary actions, etc.);
- MUHC information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs, source code, proprietary technology, etc.); and
- Third party information (such as computer programs, client and vendor proprietary information, source code, proprietary technology, clinical or business data from shared record partners, etc.).

*A*ccordingly, as a condition of and in consideration of, your access to confidential information, you promise that:

1. You will use confidential information only as needed to perform your legitimate duties as a member affiliated with MUHC. Such duties include, but are not limited to:
  - A. You will only access confidential information for which you have a legitimate need to know; and
  - B. You will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of your professional activities associated with MUHC; and
  - C. You will not misuse confidential information or treat confidential information carelessly.
2. You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard your access code or other authorization to access confidential information. You accept responsibility for all activities undertaken using your access code and other forms of authorization. You understand that your failure to comply with this agreement may result in discipline up to and including your loss of employment or volunteer status at MUHC, or lead to academic discipline.
3. You will report activities by any individual or entity that you suspect may compromise the security of confidential information. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law. Every effort will be made to keep the reporter's identity confidential, but confidentiality cannot be guaranteed.
4. You understand that your obligations under this agreement will continue after termination of your employment. You understand that your privileges hereunder are subject to periodic review, revision and if appropriate, renewal.
5. You understand that you have no right or ownership interest in any confidential information referred to in this agreement. MUHC may at any time revoke your access code, other authorization, or access to confidential information.

# Title: Access and Confidentiality/Culture of Yes Agreement

## Acknowledgment of Receipt of the Code of Conduct

I certify that I have been provided access to the University of Missouri Health Care's Code of Conduct. The Code of Conduct is available online through:

- Office of Corporate Compliance at [https://mymuhealth.org/body\\_sub.cfm?id=3123&fr=true](https://mymuhealth.org/body_sub.cfm?id=3123&fr=true)

I have been afforded the opportunity to ask questions or seek clarifications where needed.

I agree to abide by the Code of Conduct and understand that I have an obligation to report any alleged or suspected violation of this Code of Conduct or any other law, regulation or policy to my supervisor where applicable or to a compliance officer.

I hereby certify that I have not been convicted of, or charged with, a criminal offense related to health care, nor have I been listed by a federal agency as debarred, excluded or otherwise ineligible for participation in any federally funded health care programs.

I understand that any violation of the Code of Conduct or any other applicable law, regulation or policy, may subject me to discipline, up to and including discharge from employment or vendor status.

## Certification of Confidentiality Agreement and Acknowledgment of Receipt of the Code of Conduct

\_\_\_\_\_  
Staff/Volunteer/Student/Physician/Agency/Contractor Signature

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Printed or Typed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title





\_\_\_\_\_  
Parent's Signature if not 18 years of age

**Compliance Reporting Line (573) 884-1729**

**Toll Free 1-877-201-3146**

### The Culture of Yes

"Together we: Care, Deliver, Innovate and Serve"

<b>Care</b> 	<b>Deliver</b> 	<b>Innovate</b> 	<b>Serve</b> 
<p><b><u>10/5 Rule</u></b></p> <ul style="list-style-type: none"> <li>• Within 10 feet visually acknowledge others</li> <li>• Within 5 feet verbally acknowledge others</li> <li>• Use personable warm welcome</li> <li>• Make eye contact and smile</li> <li>• Portray positive body language</li> </ul> <p><b><u>Warm Welcome</u></b></p> <ul style="list-style-type: none"> <li>• Give a warm, authentic greeting in your own words</li> <li>• Build relationship with patients</li> </ul> <p><b><u>Anticipate Needs</u></b></p> <ul style="list-style-type: none"> <li>• Think about others needs before they verbalize it</li> <li>• Put yourself in the other person's shoes during every encounter</li> </ul> <p><b><u>Fond Farewell</u></b></p> <ul style="list-style-type: none"> <li>• Emphasize your appreciation</li> <li>• Provide explanations for decisions made</li> <li>• Give a warm, authentic farewell using your own words</li> </ul>	<p><b><u>Say Do Ratio of 1:1</u></b></p> <ul style="list-style-type: none"> <li>• Say what you mean and do what you say</li> <li>• Set mutual expectations with your customer, check in periodically and make timely and effective progress toward your end results</li> </ul> <p><b><u>Big Impact/Small Wake</u></b></p> <ul style="list-style-type: none"> <li>• Produce results/outcomes while building and sustaining teamwork</li> <li>• Accept ownership of health system goals, and limit counterproductive drama</li> <li>• Minimize the cultural impact of change as much as possible</li> </ul>	<p><b><u>Everything you need, but nothing more</u></b></p> <ul style="list-style-type: none"> <li>• Find opportunities to create, standardize, and streamline work processes to meet/exceed expected outcomes</li> <li>• Simplify work to be more efficient and effective</li> <li>• Maintain focus on the big picture and identify and share how your efforts can make a difference</li> <li>• Create solutions to challenges while reducing waste and excess work</li> </ul> <p><b><u>Innovation finds a way</u></b></p> <ul style="list-style-type: none"> <li>• Find opportunities for improvement and be willing to take calculated risks</li> <li>• Ask questions, investigate and use internal/external resources for maximum results</li> <li>• Anticipate and be responsive to changes in the evolving health care system</li> </ul>	<p><b><u>I Have the Time</u></b></p> <ul style="list-style-type: none"> <li>• Make your actions reflect your words by genuinely engaging with your customer</li> <li>• Use the time of the encounter to take care of expressed needs</li> <li>• Be aware of opportunities to make a memorable experience</li> </ul> <p><b><u>No Public Venting</u></b></p> <ul style="list-style-type: none"> <li>• Filter your words purposefully regardless if you are "on stage or off stage"</li> <li>• Stay focused on customer-centered conversations, when on stage</li> <li>• Use "safe" and private places to discuss concerns and suggestions</li> </ul>

I have read and agree to adhere to the above Culture of Yes behaviors:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Date