



Corporate Responsibility and Confidentiality Statement for Visiting Residents and Students

Corporate Responsibility

I understand that Mercy has established a Corporate Responsibility Program to ensure ethical business practices and compliance with applicable laws and regulations. As a member of Mercy's workforce Visiting Student/Resident, I agree to comply with the organizations policies and procedures and code of Conduct. The Corporate Responsibility Hotline number is 314-364-3434

Confidentiality of Patient/Co-worker Information

It is Mercy's policy (and in most cases legal requirements) that all coworkers/Visiting Student/Resident, protect information regarding patients and other co-workers. No medical information, including the fact that person has been treated in a Mercy facility (or elsewhere), may be released except by authorized persons on a business need to know basis. Any information available to coworkers/Visiting Student/Resident about Mercy patients, including co workers who are patients, must be keep confidential and not discussed with others, including other co-workers, except as needed for medical treatment or to comply with legal processes or legal requirements.

Confidentiality of Company Information

I understand that Mercy's Confidentiality policy applies to information pertaining to Mercy operations activities and business affairs, including but not limited to charges, reimbursement rates and contracts. All Mercy information is be maintained in strictest confidence and is not to be discussed with anyone other than appropriate personnel, and may not be shared with others outside the workplace, during my employment, education rotation or post-employment education rotation. Any questions with respect to specific instances of release or discussion of confidential information should be directed to your immediate supervisor

System Security

I understand that with access to the MercyNet or other mercy computer systems, I am responsible to use the system only for work related functions for which I am directly responsible or requested to do by my superiors I may not share my system password with another person, leave the password in an unsecured place, nor sign on to the system for an unauthorized person's use I may only use the single valid system ID that has been assigned to me.

Visiting Student/Resident-Rotator

_____ Print Name

_____ Signature Date: _____