



## **NORTHERN LIGHT HEALTH AND MEMBER CONSULTANT, CONTRACTOR AND VENDOR CONFIDENTIALITY AGREEMENT**

### **1. Introduction**

During the course of or in carrying out your activities or functions at or with Northern Light Health or its Affiliates (individually or collectively “Northern Light Health”), you may have access to information that is confidential and may not be disclosed except as permitted or required by law and by Northern Light Health (including patient information, Northern Light Health business information etc.). This information may be available through any medium, including electronic, paper, voice, video, or graphic format. The intent of this agreement is to ensure that all parties have a clear understanding of Northern Light Health’s standards and expectations regarding its confidential information and the information systems that access, process, store and transmit this information (collectively referred to herein as Northern Light Health information systems).

### **2. Confidentiality of Information**

I understand that access to any confidential Northern Light Health information is granted on a need-to-know basis, which means that I need such access in order to perform my work. In exchange for receiving or having access to confidential Northern Light Health information, I agree not to disclose this information to unauthorized parties; not to use this information in any way not permitted by this Agreement; and to otherwise treat this information as confidential information belonging to Northern Light Health. For the purposes of this Agreement, “unauthorized parties” shall be any person or entity other than the employees or agents of Northern Light Health with a specific need to know the contents of the confidential information, except as otherwise permitted pursuant to the express terms of my activities or functions at or with Northern Light Health.

### **3. Northern Light Health Security Requirements**

I understand that my access to Northern Light Health information systems is subject to monitoring in compliance with security standards. I understand that Northern Light Health reserves the unqualified right to review every access into and activities within any Northern Light Health information system, as well as attempts to access any such system. By accessing the system, I am consenting to such monitoring and information retrieval. I understand that there should be no expectation of privacy as to any activity, communication or information stored within the system.

I agree not to share my Northern Light Health information systems sign-on (user ID and password) with any other person. I understand that I am responsible for any potential breach of confidentiality resulting from my access to Northern Light Health information systems using my sign-on. If, at any time, I believe the confidentiality of my sign-on has been compromised, I will contact the Northern Light Health IS Service Desk immediately so that my sign-on is inactivated and a new one assigned. I understand that other appropriate corrective actions may be required.

### **4. Remote Access to Northern Light Health Information Systems (if applicable)**

If I am granted remote access to Northern Light Health information systems, I understand that I am required to follow all Northern Light Health information security policies and procedures that apply to the safeguarding of confidential information, and that no confidential Northern Light Health information is to be stored in digital form outside NLH information systems or if in print, left out where it can be viewed or accessed by unauthorized parties. I

further understand I am obligated to only use Northern Light Health approved software, encryption and authentication processes.

**5. Compliance with Northern Light Health Policies and Procedures**

By executing this agreement, I acknowledge and agree that I have reviewed all applicable information and materials available at the following link: <https://northernlighthealth.org/Legal/Vendor-Information>. I further acknowledge and agree that I am bound by and will adhere to the Northern Light Health Code of Conduct, applicable policies and procedures, and other applicable materials available at the above link.

**6. Effect of Agreement**

I understand that my violation of this Agreement or any Northern Light Health information security policy or procedure will result in the termination of my access. I further understand that under state and federal laws and regulations governing a patient’s right to privacy, unlawful or unauthorized access, use or disclosure of patient confidential information may result in the termination of my professional/contractual relationship with Northern Light Health, as well as in both civil and criminal sanctions.

My obligation to protect confidential Northern Light Health information under this Agreement survives the termination of my relationship with Northern Light Health.

_____	_____
Printed Name	Title/Work Area
_____	_____
Signature	Date
_____	_____
Witness	Company