



Title: Staffing Management - Access and Confidentiality/Culture of Yes Agreement - Form

Definitions

1. MUHC – Shall refer to University of Missouri Health Care.
2. Member – Shall refer to staff, faculty, volunteers, students, agency staff, physicians, contract staff, job shadowers, observers, and other non-employees or vendors that are affiliated with MUHC.

Access & Confidentiality

As 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, termination of member status and/or legal liability.**

As 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.).

Accordingly, 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 termination of your employment or affiliation with MUHC or lead to academic or other 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 or affiliation with MUHC. You understand that your privileges hereunder are subject to periodic review, revision and if appropriate, renewal or non-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.

Reasonable Accommodations

MUHC seeks to provide reasonable accommodation to known physical or mental limitations of qualified individuals with disabilities who are employees unless the accommodation would impose an undue hardship on the University. This includes providing reasonable accommodation to qualified employees' limitations affected by or arising out of pregnancy, childbirth, or related medical conditions unless the accommodation would impose an undue hardship on the University.

Qualified individuals may learn more about MUHC's accommodations process, including instructions for providing notice of a known physical or mental limitation or requesting an accommodation, via this knowledge article on [Reasonable Accommodations](#).

Compliance Reporting Line: 573-884-0632 or Toll Free 1-877-201-3146

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The Culture of Yes

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

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

Acknowledgment

By my signature below, I certify that:

- I have read and understand the **Access & Confidentiality** agreement in this document. I agree to abide by the expectations outlined in that section of this document.
- I have read and understand the **Reasonable Accommodations** information. I have received the link to additional information, including instructions for requesting an accommodation.
- I have read and agree to adhere to the above **Culture of Yes** behaviors.
- I have been provided with access to the University of Missouri Health Care's **Code of Conduct**. I understand the Code of Conduct is available online at <https://www.muhealth.org/about-us/corporate-compliance>.
- I have been afforded the opportunity to ask questions or seek clarifications about the Code of Conduct.
- 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 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, member status, or affiliation with MUHC.

For volunteers, agency staff, job shadowers, observers, contractors, and other non-employees:

- I acknowledge and agree that I am not employed by MUHC. If I have been placed at MUHC by an agency, then I understand and agree that my employment relationship is only with my agency employer and not with MUHC. I understand that MUHC's direct supervision of me is required to meet applicable legal requirements and does not indicate the existence of any employment relationship between MUHC and me.
- I understand that any request for reasonable accommodation needed to perform my temporary assignment at MUHC must be directed to my agency employer. If I am a student, then I understand that requests for accommodation must be directed to the University's Office of Accessibility and ADA.

Member Signature

ID Number

Printed or Typed Name

Date

Title

Parent's Signature if not 18 years of age