

Privacy, Information Security, and Confidentiality

The New York University College of Dentistry values, respects, and places a high priority on maintaining the confidentiality of its records, documents, agreements, and all other sensitive information, whether spoken, written, or electronic. The intent of this policy is to ensure that all confidential information, including patient information, remains confidential and will be utilized in strict conformance with applicable laws and the College of Dentistry's policies on privacy, information security, and confidentiality.

As employees and/or students of this institution, you may be given access to confidential information about patients, individuals who participate in our research, employees, students, other individuals, or the institution itself. The College of Dentistry's confidential information includes policies, business practices, financial information, and technology such as ideas and inventions (whether this information belongs to New York University College of Dentistry or was shared with us in confidence by a third party).

Access to confidential information is for the purpose of performing your responsibilities within this institution, and for no other purpose. Any purposeful violation of this trust may be cause for immediate termination of access to confidential information and/or disciplinary action, up to and including termination.

The College's Policy Statement on Privacy, Information Security, and Confidentiality entails significant responsibilities, which will impact upon every faculty member, student, and staff as they provide patient care, conduct research, learn or perform assigned duties or functions. To comply with this policy and to safeguard privacy, information security, and confidentiality, it is essential that I, as a faculty member, student, or staff acknowledge that:

1. I will look at and use only the information I need to care for my patients or do my job. I will not look at patient records or seek other confidential information that I do not need to perform my job.
2. I understand that patient information or any other confidential information is not to be shared with anyone who does not have an official need to know. I will also be especially careful not to share this information with others in casual conversation or leave patient information or other confidential information in a place where the public or those not having a need to know can view it.
3. I will handle all records, *both paper and electronic*, with care to prevent unauthorized use or disclosure of confidential information. I understand that I am not permitted to remove confidential information from the facilities of the College of Dentistry; or copy dental records, unless specifically directed by authorized College of Dentistry personnel.
4. I understand other people can intercept electronic messages. I will, therefore, not use e-mail to send individually identifiable health information to anyone unless so authorized and instructed by the patient in writing.
5. If I no longer need confidential information, I will dispose of it in a way that ensures that others will not see it. I recognize that the appropriate disposal method will depend upon the type of information in question.
6. If I am involved in research, I will utilize identifiable patient information in accordance with Federal and State regulations and local Institutional Review Board (IRB) policies.
7. If my job involves interacting with patients, I will take care in sharing patient information with patients' family members and friends. I will share such information only in accordance with the College of Dentistry's approved policies and procedures.
8. If my responsibilities include sharing the College of Dentistry's confidential information with outside parties such as insurance companies or research sponsors, I will use only processes and procedures approved by the College of Dentistry. Any passwords, logins, personal identification numbers, or verification codes or electronic signature codes or other access codes assigned to me for access to computers or other information resources are intended for my use only. I will regard them as personal identifiers of my computer similar to my signature on a document. I understand that I will be considered accountable for all data entries and actions performed under my assigned codes.
9. If I find that someone else has been using my logins, passwords, personal identification numbers, electronic signature codes, or other access codes, I will immediately notify my supervisor, department chair, or the Office of Academic Affairs; who will, in turn, contact the Director of Human Resources, Chief Information Technology Officer, or Compliance Officer of the College of Dentistry. I also understand that if I allow another person to use my codes, I will be held accountable.

10. I will not abuse my access rights to use the College of Dentistry's computers, information systems, Intranet, and/or the Internet, and I acknowledge that these are to be used solely in the performance of my assigned job, or academic, clinical, or research responsibilities.
11. I will not copy or download software in connection with my work for the College of Dentistry, without first obtaining the appropriate license for that software; and I will utilize the software within the limits of the applicable licensing agreement and copyright law.
12. I will handle all confidential information stored on any computing device or downloaded to any electronic media with care to prevent unauthorized access to, disclosure of, or loss of this information.
13. I understand that the confidential information and software I use for my job, or for academic, clinical, or research endeavors, will not be used for personal benefit or to benefit another unauthorized institution. I also understand that the College of Dentistry may inspect any computing or storage device it owns, as well as any personal computing or storage devices used for work, to ensure that its data and software are used according to its policies and procedures.
14. I understand that if my employment or access to confidential information is terminated for any reason, I will immediately return to the College of Dentistry all copies of such confidential information in my possession or under my control, including any electronic files.

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Dr. John Poulos demonstrates techniques over monitors positioned throughout the Laboratory Technology Center.