

Martin Health System

Computer Network Access Agreement

Martin Health System (MHS) is committed to protecting the confidential information of patients, Associates, and business operations. In order to assure MHS that I am fully aware of my responsibilities regarding password access to, and confidentiality of, this information, I affix my signature below acknowledging and agreeing to the following:

- All computer stored data is confidential and must be treated with the same care as data on paper;
- My password access code is equivalent to my legal signature. I am accountable for all work performed under this code;
- I will not disclose my password access code to anyone, nor will I attempt to learn and use another person's password access code;
- If I have reason to believe that my password access code has been revealed, I will immediately contact MHS Information Services Department Help Desk for a new code;
- I will not access, use, or disclose my own information or that of my family or friends.
- I will not ask a fellow EPIC user to access, use, or disclose any information deemed for my personal use.
- I will not access any patient, Associate (including my own), or MHS data for which I have no responsibilities nor will I distribute patient, Associate (including my own), or MHS data to anyone unless it is specified in my job responsibilities.
- I will follow the MHS Authorization process through the Health Information Management Department in order to receive data on myself, family members, and/or friends;
- I acknowledge that the improper communication or alteration of confidential information (i.e. the release, possessing copying, use, reading, altering, destroying or discussion of such information inappropriately or without proper authority) is strictly prohibited; and
- I will not retaliate against a patient or other individual who files a complaint or exercises rights permitted by the Health Insurance Portability and Accountability Act (HIPAA) Privacy and/or Security Rules.
- I will take reasonable measures to secure the computer I use from access to anyone other than myself or those authorized to use it, and I will not attempt to use another person's computer for any purpose without consent.
- I will abide by all MHS policies concerning proper use of the Internet and of Outlook should I be granted access to those systems.
- I acknowledge that, as an Associate of MHS, a member of the MHS Medical Staff, a Medical Staff office employee, or as an employee of an organization affiliated with MHS, I have a legal and moral responsibility to protect the confidentiality of privileged information obtained by me through the delivery of patient care and/or daily business operations. This includes, but is not limited to, information contained on paper records originating from any MHS facility or the MHS computer system(s);
- I acknowledge that the improper communication or alteration of confidential information (i.e. the release, possession, copying, use, reading, altering, destroying or discussion of such information inappropriately, or without proper authority) is strictly prohibited and considered grounds for loss of computer privileges, employment, and/or affiliation with MHS.
- I acknowledge that failure to comply with the terms of this agreement will result in corrective action as deemed appropriate by MHS up to and including termination of employment, termination of access to the MHS Computer Network, and/or denial of future affiliation with MHS.

Name
(Please Print Name above)

Signature

Date