Great River Health System

Confidentiality, Acceptable Use and Nondisclosure Agreement

This agreement acknowledges that I understand the responsibility of securing the confidentiality of individually identifiable protected health information (PHI) in electronic communication. The level of access granted to medical staff, employees, volunteers and students is based on position, job functions and responsibilities. The level of access granted to nonemployed providers, business associates or other service providers is based on the scope of a pertinent agreement or contract.

The following statements provide an understanding of my responsibilities. Statements referring to electronic access apply when access is granted. Regardless of electronic access, I understand my responsibility for protecting patients' confidentiality and privacy.

Access
- I will access, use or disclose PHI only according to Great River Health System's policies and procedures, patient Notice of Privacy Practices and the Health Insurance Portability and Accountability Act (HIPAA).
- I understand all PHI is confidential, and it must not be accessible to unauthorized persons.
- I will not access PHI for any unauthorized purpose. I will appropriately access, use or disclose minimally necessary information only on a need-to-know basis to do my job.
- I will not remove any electronic devices storing PHI from Great River Health System locations except in the performance of my duties, and then only according to HIPAA privacy and security policies and regulations.

Login
- I understand my user ID and password (login) must be kept confidential and it is the equivalent of my signature. I will not disclose my login to anyone, and I will not knowingly allow anyone to access or alter information under my login. I will be accountable for all work done under my login.
- I will not attempt to learn or use another person's login.
- I will periodically change my password.
- If I believe the confidentiality of my login has been breached, I will contact Information Systems support to have my password changed.

Security
- I will properly secure confidential information on my computer, and I will ensure that others cannot view or access such information. When I am away from my workstation, I will secure it by logging off or locking the computer or laptop to prevent unauthorized access.
- I will use email and intranet access only according to policy and procedures.
- I will not use computer resources to engage in illegal activities or to harass anyone. I will not seek, or allow others to seek, personal benefits by accessing or disclosing any confidential information.

Continued

- I understand my access and use of confidential information or data is monitored, and that my access rights are subject to periodic review or change.
- I have completed, or will complete, orientation and ongoing training as required by the health system.
- I will report any suspicious activity, lost or stolen devices and unauthorized access, use or disclosure of PHI to my supervisor, manager, director or the compliance officer, corporate attorney or privacy officer.

Software

It is the policy of Great River Health Systems to respect all computer copyrights and to adhere to the terms of all software licenses. I understand:
- I will not duplicate any licensed software or related documentation for use within the health systems or elsewhere;
- Software will be installed or be approved for installation by Information Systems;
- Software licenses may be retained by Information Systems; and
- Unauthorized or malicious duplication or installation of software is a violation of health system policy.

Remote Access

If access is granted, I acknowledge these best practices:
- Maintain up to date virus protection software, which should not be older than 12 months, and virus definition files or updates should be performed at least weekly;
- Keep current with all operating system and browser updates;
- Software access while connected remotely is limited to the following (list may be added to without notice): Intranet, email, document viewers and electronic health record (EHR);
- The computer used to remotely access may require software to be installed;
- Printing capabilities should be limited; and
- Technical support will be provided only for problems related to the remote session.

By signing this form, I acknowledge:
- I have read, understood and agree to all of the terms and statements above;
- I understand that my obligations to this agreement are in effect during employment and continue after my employment or affiliation with Great River Health System;
- I will contact an administrator, director, supervisor, manager, compliance officer, corporate attorney or privacy officer if I have any questions, comments or concerns about my training or obligations under this agreement;
- I understand that not abiding by this agreement, misusing my confidential login and violating HIPAA or health system policies will subject me to access revocation or disciplinary action, up to and including termination of employment or affiliation with Great River Health System; and
- I also may be subject to civil and criminal prosecution.

Continued

Please complete the appropriate section. Incomplete forms will be returned. Report changes in employment status or need for network access immediately. Call Information Systems' Help Desk at 319-768-4400, option 8.

Employees Only

Name (please print) _____

Signature _____ Date _____

To be completed by manager

Department/clinic _____ Employee number _____

Signature _____ Date _____

Nonemployees Only

Name (please print) _____ Date of birth* _____

Signature _____ Date _____

Last 4 digits of your Social Security number* _____ *Required for resetting passwords

To be completed by Great River Health System

Health system sponsor _____

Clinic, business or school _____

Revocation date (if less than 90 dates) _____

For clinic / business / school sponsor if access is required for more than 90 days

To be completed by the nonemployee's supervisors/managers. Two contacts are required.

The people listed below will be notified and required to respond with the timeframe on the notification. If the information isn't provided, network access will be revoked.

Nonemployee manager name (print) _____

Signature: _____ Email address _____

Nonemployee manager name (print) _____

Signature _____ Email address _____

What is the need/reason for access to Great River Health System's network?

_____

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