



Clark Memorial Hospital

No One Cares Like Clark.

Computer Access Confidentiality Agreement
(Active Medical Staff)

You are requesting access to confidential patient information contained on the computer network of Clark Memorial Hospital. (CMH). CMH agrees to authorize your access to this confidential patient information provided that you agree to limit your access to the confidential information concerning only patients in your admitting, attending, referring or consulting care.

As a Medical Staff member, you agree to be bound but the terms and conditions set forth herein governing access to confidential patient information contained on the computer network of CMH. By signing this Agreement, you acknowledge that you have reviewed these terms and conditions and understand the duties and obligations it creates and agree that your obligation to maintain such confidentiality shall survive perpetually after the termination of your association with CMH.

Acknowledgement Statement

- 1. I shall limit my access, review and use of confidential information to those patients in my admitting, attending, referring or consulting care. I shall provide appropriate individuals, including other healthcare providers and related business entities, confidential information only after they have acknowledged that they will maintain the confidentiality of the information.
2. I shall not intentionally misuse any computer access or patient information obtained form the Internet or a computer accessing the CMH.
3. I shall maintain the confidentiality and not disclose to anyone any information obtained form the computer network, including, but not limited to: patient date, financial data, reports, downloaded files or any other applicable data except that which in necessary for patient care.
4. I shall not purposely corrupt databases with erroneous data.
5. I shall keep my password confidential and I will not share it with any other individual in any circumstance. I shall not use another person's access privileges or password.
6. I shall not, without prior authorization, reproduce, copy, transmit, or permit the reproduction, copying or transmission of any confidential information except for the specific purposes of patient care.
7. I shall appropriately exit and logoff the system after obtaining information and I shall not leave the systems logged on and unattended.
8. I shall appropriately instruct and supervise the residents, fellows and office staff associated with my practice in the proper access and use of confidential. Information. I shall also instruct then that any violation of the confidentiality of such information could lead to their termination.
9. I shall have residents, fellows and staff associated with my practice execute the appropriate CMH computer access confidentiality agreement.

I understand that any violation of the above obligations may be a violation of federal law and is grounds for immediate loss of computer access privileges and/or evaluation by the Executive Committee of the Medical Staff for appropriate disciplinary action, including loss of privileges. I further understand that CMH shall conduct monthly audits of its computer network to verify the proper use of its network. Signing this agreement is required to receive computer access privileges.

Name: (Please print) IN License #:

Signed: Mother's Maiden Name: (Used for security validation)

Date:

Requestor Mailing Address:

Requestor Phone Number:

Requestor Email Address:

Authorized by: (Medical Staff Services) Name: (Please print) Date: (Date approved)