

Please fill out the entire User Setup access form and sign the Confidentiality Agreement. Incomplete forms will not be processed. You will be notified with your User Account Information. Access to Centricity products require users to attend a training session. The Responsible User is someone who has accountability or is the contact person for the User.

All of the following information is required in order to obtain access to PeaceHealth information systems.

User Setup Is Requested For: First Name **Last Name** Position/Job Title Date of Birth ○ Male ○ Female dd уууу Affiliation with PeaceHealth: Employee Vendor/Contractor Check all that apply Intern/Student Medical staff member Independent physician office staff Volunteer Employed by more than one clinic Other: Employer/Clinic Name Employer/Clinic Address Responsible User's Name Responsible User's Phone # User's Work Phone # Responsible User's Email Address User's Email Address Access Is Requested For The Following Applications: Date Access Needed: Centricity Internet PH Email Account C From: Other: Home Indefinite Access

I Certify That The Above Is Accurate And Complete Please complete the information below by hand. **User's Signature** Social Security Number Date Responsible Us's Signature Date

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Statement and Agreement Regarding PeaceHealth Information

(Confidentiality Agreement)

During the course of your work/services with PeaceHealth and/or its affiliated entities, you may develop, use, maintain, or have incidental contact with or access to patient information, employee information and/or business information that is confidential ("PeaceHealth Information"). PeaceHealth Information from any source in any form (including paper records, oral communication, audio recordings, and electronic displays) shall be kept **strictly** confidential. You may access PeaceHealth Information only if you *need to know* the specific PeaceHealth Information to perform your responsibilities.

You agree to comply with the PeaceHealth Joint Notice of Privacy Practices (NPP) as well as PeaceHealth's policies and procedures regarding the privacy, security, and confidentiality of PeaceHealth Information. You agree and recognize that you are solely responsible for your own actions relating to protecting the privacy, security, and confidentiality of PeaceHealth Information. This agreement is valid for all positions with access to PeaceHealth information, whether internal or external.

Violations of PeaceHealth's policies and procedures may include, but are not limited to:

- Accessing PeaceHealth Information that is not within the scope of your job or responsibilities to PeaceHealth or otherwise permitted by written policy.
- Leaving confidential information including but not limited to confidential business information, employee records, patient medical records or charts in an unsecured place or leaving a secured application unattended while signed on to the computer system.
- Misusing, disclosing without proper authorization, or improperly altering PeaceHealth Information.
- Disclosing your sign-on code and/or password or using another person's sign-on code and/or password for accessing electronic or computerized records.
- Discussing PeaceHealth Information in a public place (e.g., elevator or cafeteria) or with persons not authorized to receive such information.
- Using the incorrect sign-on code and password for a given position, when different sign-on codes exist for multiple positions and/or employers.
- Using confidential business information or competitively sensitive information of PeaceHealth that
 you obtain access to while serving on a board or committee of PeaceHealth or an affiliate, in a
 manner not in PeaceHealth's best interests.

You understand that violation of PeaceHealth policies and procedures by (a) any caregiver or member of a PeaceHealth Medical Staff may constitute grounds for corrective action, up to and including termination of employment or loss of medical staff privileges, in accordance with applicable Medical Staff Bylaws, Rules, and Regulations; (b) volunteers or interns/students may constitute grounds for corrective action in accordance with applicable PeaceHealth or educational institution procedures; (c) third parties, including temporary staff and vendors, may constitute grounds for corrective action, termination of the user's access, or termination of the contract or other terms of affiliation; and (d) members of a Board of Directors or Governing Board of PeaceHealth or its affiliates may constitute a serious breach fiduciary duties. You may also be subject to civil and/or criminal liabilities and penalties if you violate PeaceHealth policies and procedures.

If you use or disclose a "limited data set," you specifically agree to comply with PeaceHealth's policy on Deidentification of Protected Health Information and Limited Data Sets.

If you are a user who has been granted the right to access your personal health information because of the access you have for your job responsibilities, your right to access your personal health information is subject to the following conditions:

- You will review only the type of information permitted through your established user account. You may access your remaining health information through your regional health information management (HIM) or medical records department, according to PeaceHealth policy.
- You will review only your own personal health information or that of your minor child under the age of 13 when legally permitted. You understand that you are not authorized to review the personal health information of your spouse, children age 13 and above, friends, or any other person. Authorization from the patient, written or otherwise, does not permit you to access electronic health information for personal reasons except through means established for that purpose, such as PatientConnection®.
- Your review will take place via your own individual user account. You will not make use of another person's user account to gain greater access.
- It is your responsibility to talk with your medical provider who may have ordered any diagnostic testing for results interpretation.
- The information that you review is to be read only; you shall not add, alter, or delete any information, including financial or demographic information.
- If you find what you believe to be an error in the electronic medical record, you will submit your request for an amendment to the Health Information Management/Medical Records Department, for review, following PeaceHealth procedures for requesting an amendment to your personal health information.
- If you elect to print one or more pages/screens from your personal health information, you will then be responsible for handling your information in a confidential manner.
- The opportunity to access your personal health information is subject to state and federal laws and PeaceHealth policies and procedures. PeaceHealth retains the right to modify and change this access at any time.

I understand that I am responsible for knowing and adhering to the terms of the above statement and agreement as well as PeaceHealth Privacy and Security Policies and the Joint Notice of Privacy Practices adopted by PeaceHealth. I further understand that the obligations set forth in this statement and agreement as well as applicable policies continue beyond the end of my relationship with PeaceHealth.

First Name M	Last Name (please print)		Social Security Number	
Affiliation with Pea	aceHealth:			
☐ Employee	☐ Medical Staff Member	☐ Clinic/Physician Office Name:		☐ Volunteer or Board Member
☐ Intern or Student	□ Vendor or Contractor	□ Other		
Signature			Date	
Signature of Legally Responsible Person (Required if above individual is under age 18)			Date	
Relationship of Le	egally Responsible Per	son to above individual	-	

Effective: 08/01/2011