

Covenant Health System – Lubbock, Texas

PHYSICIAN / PRACTITIONER USER ACCESS AND CONFIDENTIALITY STATEMENT

Covenant Health System considers all patient and business information maintained on Covenant Health System's computer information systems ("Systems") as confidential and proprietary. This Confidentiality Statement outlines the requirements for users of the Systems (and System applications) owned and operated by Covenant Health System including but not limited to HBOC, Physician Connect, HPF, and PACS. Users include but are not limited to physicians on the Medical Staff of Covenant Health System and their designated office staff employed by the physician. This Confidentiality Statement pertains to all access to the Systems, whether access occurs on hospital property or remotely.

I agree that my User Name and password are my unique identifier for the System(s) that I am authorized to use. I agree that I will **only** access patient health information for the purposes of **direct patient treatment** or hospital operations (such as peer review activities to which I am assigned).

I will not access confidential information that I am not authorized to access including information for which I do not have a legitimate need to know such as information that is not related to my direct treatment relationship with a patient.

I will not divulge, copy, release, sell, loan, alter, revise or destroy any confidential information except as properly authorized within the policy of the hospital.

I will maintain confidentiality of all information that I access through the Systems, including protected health information of patients.

When I access patient health information from a remote location, I will ensure that no unauthorized person can view the patient health information.

I will not conduct hospital business over personal e-mail account to include but not limited to quality/peer review, financial information, patient information or patient care.

I will not share my User Name or Password with any individual for any purpose. I will be the only person using my User Name and Password. I accept responsibility for all accesses made using my User Name and Password.

I understand that access to patient health information is governed by federal and state laws and that there are significant fines and criminal action that can apply to me, as well as the hospital, if I violate these regulations.

I will not attempt to learn or utilize the User Name/Password of another employee, physician, or any other person authorized to access the system(s).

I understand that I have no right or ownership interest in any confidential information (including patient health information) referred to in this agreement.

I understand that access to Systems is subject to monitoring and review by CHS. I agree that Covenant Health System, may revoke my User Name and Password at any time. I understand that Covenant Health System may revoke my User Name and Password if I inappropriately access or disclose patient health information.

I will immediately report any known or suspected breach of the confidentiality of the system or records/data obtained from it to the Privacy Officer.

I understand this agreement will be on file in the Medical Staff Services Office.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND AGREE TO ABIDE BY THE ENTIRE CONTENTS OF THIS AGREEMENT.

Name (Print): _____ Date: _____

Signature: _____

Practice Name: _____

Practice Address: _____

City: _____ Zip Code: _____

Practice Phone: _____

Practice Fax: _____