



PROVIDERS AND DESIGNATED OFFICE STAFF USER CONFIDENTIALITY STATEMENT

Providence considers all patient and business information maintained on Providence 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 Providence System including but not limited to Meditech, Epic, PACS/Synapse, HIE, ShareVue and HPF/MPF. Users include but are not limited to physicians and allied health, on the Medical Staff of Covenant Health and their designated office staff employed by those respective physicians. This includes residents and students. This Confidentiality Statement pertains to all access to the Systems, whether access occurs on hospital property, in the physician office location, or remotely.

I agree that my user name ("User Name") and Password ("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 for 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.**
- **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 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).**

When I access patient health information from a remote location, I will ensure that no unauthorized person can view the patient health information and that transmissions of patient health information for which I am authorized to make are only completed through secure and encrypted connections (in accordance with hospital policy and procedure).

I understand that access to patient health information is governed by federal and state laws and that **I may be subject to significant fines and criminal actions if I violate the terms of this statement or the state and federal regulations governing.**

I agree that Providence may routinely audit my access trails and that Hospital(s) may revoke my User Name and Password at any time. I understand that Providence 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 an Integrity and Compliance Officer at (806) 725 - 0085.

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

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