

Confidentiality Agreement for User Access To UMass Memorial Health's EpicCare Link

I understand that UMass Memorial Health ("UMMH") is in the process of reviewing my request for access to EpicCare Link, which, if granted, will enable me to access information about my patients who are treated at UMMH organizations. By signing below, I accept responsibility to protect protected health information ("PHI") and personal information ("PI") from inappropriate use or disclosure. All access to UMMH EpicCare Link shall be subject to the following conditions and limitations:

1. I will protect the privacy, confidentiality, and security of the Protected Health Information ("PHI") and Personal Information ("PI") accessed from UMMH EpicCare Link in accordance with federal and state privacy laws and regulations.

2. I have read and will comply with UMass Memorial Medical Center Policy **#1085 - Uses and Disclosures of Protected Health Information**, UMass Memorial Medical Center Policy **#1421 - Breach of Confidential Information - Reporting, Investigation and Notification**, and UMass Memorial Medical Center Policy **#1425 - Acceptable Use of Electronic Resources**.

3. I also will comply with the privacy, confidentiality, and security policies of my employer or organization with which I am affiliated. To the extent that there is a conflict between the policies of UMMH and those of my employer or organization, I will comply with the more stringent requirement.

4. I will be the only one to use my login username and will not share or disclose my username or password(s) with anyone for any reason. Similarly, I will not use the login username or password(s) of another individual to access UMMH EpicCare Link.

5. I will contact UMMH's Privacy Office at (508) 334-5551 immediately in case of actual or suspected inappropriate use or disclosure of PHI or PI involving information obtained via UMMH EpicCare Link, whether by me or any other person or if I suspect my login information has been compromised and/or shared inappropriately.

6. In case of the actual or suspected inappropriate use or disclosure of PHI or PI involving information obtained via UMMH EpicCare Link, I agree to cooperate with UMMH in every reasonable way to investigate such inappropriate use or disclosure of PHI or PI and to regain possession of such information and prevent its further unauthorized use or disclosure.

7. I understand that my access to and all activities performed by me in EpicCare Link will be monitored and audited by UMMH, and that all activities performed under my login username will be attributed to me.

8. I will not download or copy/paste information from UMMH EpicCare Link to an unencrypted computer, unencrypted portable device or into any unencrypted email outside of the Epic system.

9. I will not access PHI or PI on UMMH EpicCare Link for any purpose outside my job responsibilities.

10. I will not attempt to gain access to PHI or PI for which I am not authorized.

11. Where my authorized uses or communications of PHI or PI result in incidental disclosures, I will use appropriate safeguards to minimize the degree of these incidental disclosures.

12. I understand that I cannot use or disclose PHI or PI for any purpose or to any person or entity unless I am acting within the scope of my job responsibilities, or I am otherwise authorized by this Confidentiality Agreement, UMMH's privacy policies, or federal/state law. Further, I understand that I cannot copy, print, photograph or take any written notations of PHI or PI stored in UMMH EpicCare Link for any unauthorized purpose.

13. If my employment or affiliation ceases during the course of my access to UMMH EpicCare Link, my access to EpicCare Link will be terminated.

14. I will securely destroy copies of PHI or PI as required by UMMH's policies when my business purpose for the information is complete.

15. I understand that in the event I inappropriately use or disclose PHI or PI accessed from UMMH EpicCare Link, or otherwise breach this Confidentiality Agreement, UMMH has the right to immediately terminate my access to EpicCare Link, with or without notice, and may deny me future access to its systems. I also understand that I and/or my employer or organization with which I am affiliated may be subject to civil or criminal penalties as described by federal/state law as a result of such inappropriate use or disclosure.

16. I understand that I have a responsibility to immediately notify my supervisor, Site Administrator and/or Physician Administrator and UMMH's Privacy Office of any suspected and/or known violation of this Confidentiality Agreement.

17. I understand that I will be notified of any modifications to this Confidentiality Agreement for Access to UMMH EpicCare Link electronically on UMMH EpicCare Link's entry page if and when such modifications occur. I understand that by electronically accepting any modifications, by pressing the "Accept" link, I am indicating that I have reviewed, understand and agree to abide by any such modifications.

I have read and understand this Confidentiality Agreement.

Signature of Person Receiving Access: _____
Print Name of Person Receiving Access: _____
Job Title: _____
Site Name: _____
Date: _____
4-digit PIN (Required; used for verification/password reset): _____
E-mail: _____

Signature of Approving Site Administrator: _____
Print Name of Approving Site Administrator: _____

Signature of Approving Site Leader: _____
Print Name of Approving Site Leader: _____