



PHYSICIAN CONFIDENTIALITY AND E SIGNATURE STATEMENT

I, _____ agree to the following guidelines

1. Will respect the privacy and rules governing the use of any information accessible through the computer system or network and only utilize information necessary for performance of my job;
2. Understand that the information contains sensitive and confidential patient information and should only be disclosed to those authorized to receive it;
3. Will not exhibit or divulge the contents of any record or report except to fulfill a work assignment;
4. Understand that I may **not** access health information on myself. I must have specific permission to access information on myself, my spouse, children, friends, neighbors and other physicians or employees. To access this information, I will contact the Health Information Management Department;
5. Will not release my user identification code or password to anyone, or allow anyone to access or alter information under my identity;
6. Understand that my use identification code and password are the equivalent of my signature and that I am accountable for all entries and actions recorded under them;
7. Understand that I am responsible for logging out of the system and will not leave unattended a display device to which I have logged on;
8. Understand that all access will be monitored;
9. Will not attempt to access information by using a user identification code or password other than my own;
10. Will not remove any records, reports or copies from their storage location except in the performance of my duties;
11. Report any violation or confidentiality or computer usage policies;
12. Respect the ownership of proprietary software (example, I will not operate unlicensed software on company computers or make unauthorized copies of such software for my own personal use);
13. Respect the finite capability of the systems, and limit my use so as not to interfere unreasonably with the activity of others;
14. Abide by the procedure established to manage the use of the system;
15. Will only make incidental personal use of these resources;
16. Will not use these resources to engage in illegal activities, or harass anyone;
17. Prevent unauthorized use of information maintained, stored or processed by the company;
18. Will not seek personal benefit of or permit others to benefit personally by any confidential information or use of equipment available through my work assignment;
19. Understand that my obligation under this agreement will continue after my termination of employment and that my privileges are subject to periodic review, revision and renewal; and
20. Understand that violation of this agreement will be denied access to the system, subject to disciplinary action, including termination and may be subject to penalties under state and federal laws and regulations

I hereby agree to and authorize and request that my name be mechanically affixed to all of my dictated reports following my review and finalization of the report by electronic signature. The user code assigned to me will be considered to be my computer key.

I further understand that my User Identification Code will be deleted from the system should I no longer require it. Should I return and require a new User Identification Code, a new code will be issued.

Signature

Date

Printed Name

Practice/Group Name

Fax signed form to 256-429-4648