

CONFIDENTIALITY AND SYSTEM ACCESS AGREEMENT  
FOR  
THIRD PARTY ACCESS TO SIU INFORMATION

The purpose of this Agreement is to provide you, the signer, with access to information belonging to SIU School of Medicine or SIU HealthCare and to ensure the protection of SIU's proprietary and confidential information. You must read and sign the Agreement prior to being given access to any SIU computer system (s) or SIU information.

You agree as follows:

1. I understand that I am only being given access to SIU computer systems and information (patient or non-patient) solely for the purposes of performing my job.
2. I understand and agree that I must keep all information obtained from SIU confidential. Information may be in oral, paper, or electronic form. I further understand that this information is protected by HIPAA (Health Insurance Portability & Accountability Act), research laws, FERPA (Family Educational Rights & Privacy Act), financial disclosure laws, labor laws and other federal and state laws.
3. I understand and agree that I will only access and/or retrieve the minimal amount of needed information that I am authorized to access in order to perform my job duties. My job duties relate to the purposes of payment, continuity of care, treatment, quality of care, or research. Access for any other purpose must have prior approval by SIU or otherwise is prohibited.
4. I understand and agree that I may not assign or share my ability to access SIU information to any third party.
5. If given electronic record access, I understand that I will be given a unique username and password that are to be used solely by me in connection with my authorized access of information, and that I am to protect this username and password and not divulge this information anywhere. I understand that my username is stored with each document that I have accessed, revised, or printed. Thus, my actions are reviewable for audit and other purposes.
6. I understand and agree that I may not access information regarding myself, my spouse, or any family members. If such information is needed, I understand a request must be made to the SIU medical records office to request such records.
7. To use appropriate safeguards and practices to prevent use or disclosure of the protected health information other than as provided for in this agreement, including but not limited to the following:
  - \*I will not download or copy/paste medical record documents to a computer or external devices (i.e. thumb drive, cd, etc.).

\*If documents are printed for related duties, they should be kept secure while in use and shredded when no longer needed.

\*Printed documents may not be removed from the SIU premises.

\*Patient information may not be left displayed on the computer screen. I will log out of the computer application before leaving the computer.

8. I understand that SIU may terminate my access for any reason including, but not limited to:
  - a. access of any information without a legitimate work-related need or reason
  - b. violation of any SIU policy or procedure;
  - c. violation of any federal or state law; or,
  - d. lack of access or use.
9. I agree to notify the Director of Risk & Safety at SIU at (217) 545-5071 or (217) 545-HIPAA (4472) if my access is no longer needed or I terminate the employment which necessitates my access to SIU information.
10. I agree to notify the Director of Risk & Safety if I become aware of any potential breach or security incident involving SIU information.
11. I agree to cooperate with SIU, or its designee, in any investigation of any suspected inappropriate use of SIU information or access to SIU information.
12. I understand that any violation of this policy will be reported within the SIU system, to my supervisory personnel, and to law enforcement authorities as SIU deems appropriate.
13. I have read and understand the above statements. I further understand that violation of this statement constitutes a serious breach of professional ethics and will result in termination of my access to SIU information.
14. I UNDERSTAND THAT SIU MAKES NO WARRANTIES, EXPRESS OR IMPLIED, WITH RESPECT TO THE USE, ACCURACY, OR AVAILABILITY OF ANY INFORMATION. I AGREE SIU WILL NOT BE LIABLE FOR ANY LOSSES, COSTS, DAMAGES OR LIABILITIES ASSOCIATED WITH, OR CAUSED IN ANY WAY BY MY ACCESS TO SIU INFORMATION.

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Printed Name

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Employer

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Signature

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Date

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User ID