WENATCHEE VALLEY CLINIC
REMOTE ACCESS CONFIDENTIALITY AND SECURITY AGREEMENT

I understand and agree, that in the performance of my duties as an employee, physician or agent of Wenatchee Valley Medical Center (Medical Center), I have been granted remote access to some of the Medical Center's computerized information systems. As a condition of this access, I understand and agree to the following requirements:

I will not divulge or make known to any other person, either the password or the unique security code that is assigned to me for access to the Medical Center's information systems. I will also not use or attempt to use any other password or security code to access data in the Medical Center's information systems other than those authorized and assigned to me by the Medical Center. If I have reason to believe that my security code is known by someone else, I will notify the Medical Center's designated representative immediately for assignment of a new code.

I will access the Medical Center's information systems in the manner designated by the Medical Center. I will not leave my computer unattended while still connected in a remote session. When finished with a remote session I will promptly logoff the system and end the connection.

I will not discuss any information, status, treatment or condition of any Medical Center patient with anyone, including another employee, physician or agent of the Medical Center, in a place or in a manner which may compromise the confidential nature of the information being provided from the Medical Center's information systems.

I agree to hold the Medical Center harmless from and against any and all claims, liabilities, costs, expenses and damages arising out of or in connection with my failure to adhere to the above conditions.

I understand the above conditions and agree that violation of any of these conditions will result in appropriate disciplinary actions, which may include termination of my employment with the Medical Center.

_____ WVC number_____

Print Name Date

_____

Signature