January 201	7

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I certify that the above is accurate and co	mplete.		e information below <u>by hand</u> . ure. DO NOT COPY & PASTE.
User's Signature	User's Fu	II Social Security Number	Date
PeaceHealth Responsible User/Manager Signature			Date

PeaceHealth

Information Systems User Setup Request

Please complete the entire Information Systems User Setup Request form and sign and date the attached Confidentiality Agreement. The Responsible User must be a PeaceHealth employee who has accountability and is the contact person for the User. The Responsible User will be notified with the User account information.

PeaceHealth requires all of the following information to obtain access to its information systems. Incomplete forms will be returned and will delay access.

To be completed by new user	:			
User Setup Requested for	:			
Legal First Name		MI	Last Name	
			DOB: / / Sex: Male Female	
Preferred First Name			MM / DD / YYYY	
Position/Job Title			Employer/Agency Name (i.e., not PeaceHealth)	
()		1		
User's Work Phone Number			Employer/Agency Address	
User's Email Address			Employer/Agency City State ZIP Code	
PeaceHealth Affiliation:	Contractor/Vendor	Volunte	er	
		Other:		
		Ouner.		
To be completed by PH Repre	esentative:			
New User's Assigned Pea	ceHealth Location:	-	Responsible User & Setup Like:	
Name of Department (e.g., Family	/ Practice)	_	Name of Responsible User (PeaceHealth Supervisor or above)	
			()	
Department Address			Responsible User's Work Phone Number	
PeaceHealth Facility (e.g., SWMC			New User Setup Like (Avoid requesting super user or admin.)	
ccess is Requested for t	_ • · ·	ons:	Date Access Needed:	
Epic (CareConnect)			From: / /	
	PeaceHealth Email Ac	count	MM / DD / YYYY	
Other:			то: / /	
Access Location: Home	C Office		MM / DD / YYYY	
I certify that the above	is accurate and com	plete.	Please complete the information below by hand.	
	-		Must be an original signature. DO NOT COPY & PASTE.	
User's Signature		User's	Full Social Security Number Date	

Print Form

📽 PeaceHealth

Confidentiality Agreement

During the course of my work/services with PeaceHealth, its affiliated entities, or entities that have been granted access to PeaceHealth confidential information (collectively referred to as "PeaceHealth"), I may develop, use, maintain, or have incidental contact with or access to patient information, employee information, and/or business information that is confidential.

I understand and agree that:

- Information related to patients, caregivers (employees), providers, financial data, and/or any other information pertaining to PeaceHealth business or proprietary information in any form including paper records, oral communication, email, audio or video recordings, and electronic displays ("Confidential PeaceHealth Information") is the property of PeaceHealth and is to be considered strictly confidential unless specified otherwise.
- The obligations set forth in this agreement as well as applicable policies continue beyond the end of my relationship with PeaceHealth.
- This agreement is valid for all individuals with access to PeaceHealth information.
- When my relationship with PeaceHealth is terminated, I will not retain or transfer any PeaceHealth information in any form unless provided permission to do so by PeaceHealth's Vice President for Organizational Integrity.
- Subject to PeaceHealth's Policy for Reporting and Investigating Concerns or Suspected Violations (<u>Document #101.38.36</u>), violation of this Agreement, PeaceHealth policies, policy compliance rules, and procedures regarding the confidentiality, privacy, and security of Confidential PeaceHealth Information may constitute grounds for corrective action, up to and including:
 - o Loss of medical staff privileges,
 - o Termination of access to PeaceHealth information systems,
 - o Termination of the contract or other terms of affiliation, and
 - Civil and/or criminal liabilities and penalties.
- I will access only the Confidential PeaceHealth Information needed to perform my work-related responsibilities.
- I may NOT access personal health information related to myself.
- I may NOT access personal health information related to my family members.
- I am NOT authorized to access or review the personal health information of my family members except for legitimate work-related purposes.
- I will electronically review only the type of information permitted through my established user account. I will not make use of another person's user account to gain greater access.

I understand that violations of PeaceHealth's policies and procedures include, but are not limited to:

- Accessing, using, or disclosing Confidential PeaceHealth Information that is not within the scope of the services I provide to PeaceHealth, or otherwise not permitted by written policy.
- Leaving confidential information in any form in an unsecured place or environment.
- Failure to properly secure a computer workstation when leaving the immediate vicinity.
- Disclosing computer system user ID and password combinations to any unauthorized person for any reason or using another person's computer system user ID and password combination.
- Discussing Confidential PeaceHealth Information in a public place or with persons not authorized to receive such information.

I understand and agree that I am solely responsible for knowing, understanding, adhering to and complying with the terms of the above agreement as well as applicable PeaceHealth policies, policy compliance rules, and procedures regarding the confidentiality, privacy, and security of Confidential PeaceHealth Information, and the Notice of Privacy Practices adopted by PeaceHealth.

First Name	MI	Last Name (please pl	rint)	Social Security Number	
Affiliation with	n Peace	Health:			
Employee	!	Medical Staff Member	Clinic/Physician Office Name:		Volunteer or Board Member
Intern or Student		Vendor or Contractor	D Other		
Signature				Date	
		esponsible Person dual is under age 18)		Date	

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