



Bozeman Deaconess
HOSPITAL

REMOTE ACCESS SECURITY AGREEMENT

Remote access to Bozeman Deaconess Hospital computing equipment is necessary for the party designated below to provide services to Bozeman Deaconess Hospital. Said party agrees to the following conditions:

- ✓ Not to provide information for remote access to Bozeman Deaconess Health Services to any individual who does not need such access.
- ✓ To protect patient data by logging off from my remote access session when away from the computer.
- ✓ To maintain assigned passwords that allow access to computer systems and equipment in **complete confidence and not disclose a password to anyone, at any time, for any reason.**
- ✓ To only access computer systems, equipment, and functions **as required for the performance of my responsibilities.**
- ✓ To contact Bozeman Deaconess Information Systems personnel immediately and request a new password(s) if mine has been accidentally revealed.
- ✓ Not to access or disclose any Protected Health Information except as provided in a BDH Computer Security Agreement or Business Associate Agreement between Bozeman Deaconess Hospital and the party designated below. In the absence of these agreements, the party designated below shall not access or disclose any Protected Health Information.
- ✓ To ensure that any devices used to establish a remote access connection to Bozeman Deaconess Hospital have antivirus and firewall software installed and enabled and that automatic updates are enabled for this software.
- ✓ To refrain from making any changes of any type to the personal computer(s) supplied by the hospital in cases where a PC is supplied.
- ✓ BDH will not be held responsible for any loss, corruption, damage, or unauthorized access to software, hardware, or data.
- ✓ To report any activity contrary to this agreement to BDHS Information System's personnel.

Any failure to comply with the above policies may result in termination of this Remote Access Security Agreement.

I request that remote access be granted to the party designated below.

Manager _____ Date _____

Printed Name: _____ Phone _____

Signature _____ Date _____

Designated Remote Access Party _____

Email _____ Phone _____

Signature _____ Date _____

Send Completed form to Information Systems or fax to 406.585.1037