

LIFEPPOINT SYSTEM ACCESS USER CONFIDENTIALITY AGREEMENT

Confidentiality is the restriction of access to data and information to individuals who have a need, reason and permission for such access. Each employee, medical staff member, faculty, student or other individual affiliated with Client, who has access to patient information, shall maintain the confidentiality of that information.

This contract is to ensure that individuals requesting access to information have been authorized and need access in order to perform their duties for patient care, continuity of care and/or administrative review. I understand that **confidentiality** of information is a very important component of my position with regard to my access of the Newton-Wellesley Hospital (NWH) Lifepoint System and I hereby agree to abide by the following:

1. My computer password is my own individual, personal code for gaining access into the Lifepoint system.
2. My computer password allows me to access only that information which I have been authorized to use to perform my responsibilities.
3. My computer password **legally acts as my personal signature** when performing all computer activities and, as such, is legally binding. I agree that NWH may audit access and use of its patient information by me at any time.
4. The information I access through Lifepoint is highly **confidential** and is to be used only in the performance of job-related activities. I agree to adopt and observe policies and procedures which meet the NWH standard with regard to maintaining patient information in a secure manner and properly disposing of any information which is no longer needed and which has been converted to another media such as paper.
5. I am responsible for notifying Customer Services at (617-243-6300) in the event that my password is lost or its confidentiality has been breached. I agree that NWH may, at its sole discretion, revoke access to patient information at any time. I understand access may be revoked in the event of a breach of patient confidentiality by me. I agree to immediately suspend or terminate further access to information if so requested.
6. I am responsible for notifying Customer Services should I undergo a name or job classification change so that my access level and/or password can be kept accurate.
7. If I share my code, use someone else's code, or fail to comply with the above policies, I will be committing a breach of NWH policy and will be subject to suspension or termination of access and action could result in civil legal actions, state and/or federal penalties and fines.

PLEASE PRINT ALL REQUESTED INFORMATION CLEARLY IN PEN

User's FIRST name	middle initial ("dash" if none)	LAST name	Mnemonic if Provider
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Name of Practice Affiliation and/or Nursing Home Labs are Ordered For

Position or Title	Telephone/EXT	Email
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User's Signature

Date

All users will be able to view lab results 24/7 as the default. If you would like to limit access time to non-clinical staff, such as only during normal operation of hours, please indicate days/times here: _____

Signature of Site Mgr. or Director: _____ Date _____