

The confidentiality of member records is regulated by multiple State Statutes, Federal Rules, State Administrative Codes which include, but are not limited to, Wisconsin Statutes 46, 48, 51, and 146, 45 C.F.R. Parts 160 and 164 (Health Insurance Portability and Accountability Act), and Wisconsin Administrative Code Department of Health Services 92 and 94. ContinuUs member medical or client records represent confidential information that each ContinuUs provider has a continuing obligation to protect.

By signing below, I agree to the following condition(s):

In the course of my access to ContinuUs's MIDAS Provider Portal system, I may have authorized access to or inadvertently encounter "confidential information". As used in this Confidentiality Agreement, "confidential information" is the same as "protected health information (PHI)" and includes, **but is not limited to**:

- Any information that is protected under state or federal law, including all medical and personal information concerning ContinuUs members, employees, and/or providers;
- Information regarding the provision of services or submission of claims;
- Any document containing a member name or identification number;
- Any information that identifies a member and relates to past, present or future physical or mental health condition or care;
- Information about billing or payment of health care services for a member;
- Any information about eligibility or enrollment of an individual for services, or even information; that a member is a recipient of health care services or assessments for services.

Accordingly, as consideration of my access to confidential information:

- I agree to hold ContinuUs confidential information in the strictest confidence and not to disclose or otherwise utilize this confidential information except as necessary for me to perform my customary and regular job duties as a provider. This means, among other things, that:
  - I will only access confidential information for which I have a legitimate business and/or clinical need to know;
  - I will not in any way disclose, divulge, copy, release, sell, loan, review, alter or destroy any of ContinuUs's confidential information except as properly authorized within the scope of my current role with ContinuUs; and
  - I will not otherwise misuse or misappropriate ContinuUs's confidential information.
- I further agree to prevent unauthorized use of confidential information and agree to report any unauthorized use of confidential information to ContinuUs's Privacy Officer.
- I agree not to divulge my password to access ContinuUs's MIDAS Provider Portal system to anyone else, or allow anyone else to access or alter information under my identity.

- I understand that PHI remains confidential both in and outside the workplace and agree not to discuss PHI with any individual or organization without the written authorization of the member unless the use or disclosure is allowed by Wisconsin State Statute, Federal Rule, or Wisconsin Administrative Code.
- I agree to follow all policies and procedures for privacy protection and security of data and information that are explained to providers of family care services.

I understand that ContinuUs’s Privacy Officer is available to answer questions and to provide guidance to assist in protecting the privacy of member’s health information.

I acknowledge that failure to comply with the obligations contained in this Provider Portal Confidentiality Agreement may result in action from ContinuUs up to and including suspension or termination of named provider contract. I agree that the obligations contained in this Confidentiality Agreement will continue after termination of contract or employment with named provider, whether my employment is terminated voluntarily or involuntarily.

I have read the information above and agree to the confidentiality requirements specified in this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Name (please print)

\_\_\_\_\_  
email

- New providers, please return the signed document with your contract.
- If you are an existing provider sending updated information, please email the form to [providerhelpdesk@continuus.org](mailto:providerhelpdesk@continuus.org) or fax to 608-647-4754.