

NWHC INFORMATION SECURITY AGREEMENT

Computerized information systems are one of Northwest Healthcare's most valuable assets and required by law to be protected. Our success and the privacy of our patients depend on the protection of this information against theft, destruction or disclosure to outside interests.

Employees may at some time be required to operate computer equipment or have access to software systems as part of their performance or duties for NWHC. Those charged with this responsibility must understand information security policies in effect throughout NWHC.

Therefore, I agree to the following provisions:

- ◆ To respect the privacy and federal, state and NWHC regulations governing the use of any information accessible through the computer system or network and only utilize information necessary for performance of my job.
- ◆ Understand that the information accessed through all Northwest Healthcare information systems contains sensitive and confidential patient, member, business, financial and employee information, which should only be disclosed to those, authorized to receive it.
- ◆ Understand that I am not to access anyone's Electronic Medical Record under any condition that is not directly related to my job duties. I also understand that I may not access my own Electronic Medical Record information or any family member's Electronic Medical Records information. All employees must go to the Health Information Management Department to sign an authorization to release medical records. No employee shall access their own information on the Electronic Medical Record even if they have a signed authorization on file in the medical record.
- ◆ Not exhibit or divulge the contents of any record or report except to fulfill a work assignment.
- ◆ Not to release my user identification code or password to anyone, or allow anyone to access or alter information under my identity.
- ◆ Not to demonstrate to any outside person(s), who are not associated to the organization the operation of computer equipment without specific authorization.
- ◆ Understand that my user identification code and password are the equivalent of my signature and that I am accountable for all entries and actions recorded under them.
- ◆ Understand that I am responsible for logging out of information systems and will not leave unattended a display device to which I have logged on.
- ◆ Not to attempt to access information by using a user identification code or password other than my own.
- ◆ Understand that all access to Northwest Healthcare information systems will be monitored.
- ◆ Not to remove any records, reports, or copies from their storage location except in the performance of my duties.
- ◆ Understand that I am responsible to report any violation of confidentiality or computer usage policies.
- ◆ Understand and respect the ownership of proprietary software, (i.e., I will not operate unlicensed software on Northwest Healthcare computers or make unauthorized copies of such software for my own use)
- ◆ To change my password immediately if my password is accidentally revealed.
- ◆ Not to use these resources to engage in illegal or unethical activities or harass anyone.

I understand that failure to comply with the above policies will result in formal disciplinary action, up to and possibly including termination from NWHC.

Please Print: Last Name _____ First _____ M.I. _____

Employee Signature _____ Date _____

Position _____ Facility/Clinic/Dept _____

Mailing Address _____ City _____ State _____ Zip _____

Primary Contact #: (_____) _____ - _____ Secondary Contact #: (_____) _____ - _____

E-mail address _____

PACS LINE: 406-751-4299

PACS FAX: 406-756-4715

HIT SUPPORT: 406-751-5700