

UCDHS CONFIDENTIALITY AGREEMENT

UCDHS Information & Communication Services

Administration Support Building, Room 1820

Please complete this form and send to the Information & Communications Services Office. If you have any problems or questions, call 734-5361. Fax: 916 734-7212

AUTHORIZED USER OF COMPUTER EQUIPMENT AND PROGRAMS AT UCDHS

Name (Please **type** or **print**) Last, First, Middle (if none write **NMI** - No Middle Initial)

Department/Outside Agency (or Research Project)

Date

Name of Direct Supervisor/Manager

Phone

Email address of Direct Supervisor

SSN (last 4 digits of #) _____

I acknowledge that I have received information emphasizing that I must preserve the confidentiality of all information regarding patients, personnel, health system finances, and all other aspects of health system operations. I assume the responsibility for keeping my security code (password) secure and confidential and of not releasing information as described above.

I agree not to share my password with any other individual or allow any other individual to use the system once I have accessed it. I understand that I may have my password changed at any time by the system administrator.

If I have reason to believe the confidentiality and security of my password have been compromised, I will report this information to the system administrator or my supervisor as soon as possible.

UCDHS Policies and Procedures, as well as State and Federal regulations require that individuals may only access confidential patient information to the extent that they must do so in order to properly perform their clinical or administrative job function. Individuals are restricted to accessing only the minimum necessary information. Accessing confidential patient information for purposes unrelated to an individual's primary job function is a violation of UCDHS Policy and is subject to disciplinary action.

EMPLOYEE SIGNATURE

DATE