

# Security and Confidentiality Agreement - EpicCare Link



I have been authorized by \_\_\_\_\_ "Practice" to access health information of current patients of the Practice, through the EpicCare Link software, a secure electronic database of protected health information (PHI) owned by **UF Health**.<sup>\*</sup> Practice has entered into a separate "UF Health EpicCare Link User Agreement" with UF Health establishing the terms and conditions by which Practice and its employees and agents shall be permitted to access the aforementioned secure electronic database for the limited purpose as herein stated and Practice has authorized me, as its agent and/or employee, to receive individual access credentials to this database pursuant to the terms of that agreement. In consideration for receiving individual access credentials (User ID and password) and access to the UF Health database, I hereby agree as follows:

- Limited Purpose:** I will only access PHI for the sole purpose of obtaining health information about the treatment from UF Health provided to Practice's patients which is necessary for Practice's treatment of such patients and I will at all times maintain the confidentiality and security of any PHI I access or use. Any other use is prohibited and may subject the Practice and myself to civil, administrative and/or criminal liability. I further understand that UF Health may report any suspected unauthorized use under this Agreement (unauthorized access to or disclosure of PHI) to both the affected patients and to the US Department of Health and Human Services, Office for Civil Rights, and other law enforcement agencies or regulatory bodies with jurisdiction.
- I understand that UF Health has implemented administrative, technical, and physical safeguards to protect the confidentiality and security of PHI and I agree not to bypass or disable these safeguards.
- I agree to access PHI only on-line as "View Only". I will not print or make copies (paper or electronic) of any PHI from the secure electronic database.
- I have no expectation of privacy when using EpicCare Link to access PHI. UF Health shall have the right to record, audit, log, and monitor access to the PHI database attributed to my User ID or password.
- I understand that my User ID and password are confidential and that I am responsible for safekeeping my password and that I am also responsible for any activity initiated by my User ID or password. If I suspect that my User ID or password has been compromised, I should immediately contact the UF Health IT Security Office.
- I agree to practice good workstation security measures on any computing device I use to access the secure electronic database. Good security measures include, but are not limited to, maintaining physical security of electronic devices, never leaving a device unattended while in use, and adequately shielding the screen from unauthorized viewing by others.
- I understand that only encrypted and password protected devices may be used to transport PHI.
- I agree to immediately report any known or suspected violation of the confidentiality or security of PHI of patients of UF Health to the Practice and to the UF Health IT Security Office.
- My confidentiality obligations under this Agreement survive termination of this Agreement, the EpicCare Link Agreement or my employment by the Practice.
- Violations of this Agreement may result in revocation of my user privileges, and UF Health may seek any civil or criminal recourse and/or equitable relief.

By signing or by entering my name and other identifying information on this Agreement, I acknowledge that I have read this Agreement and agree to comply with all the terms and conditions stated above.

Print Name	Practice / Facility Name
Signature	Date
E-mail Address	

<sup>\*</sup>For purposes of this form, **UF Health** includes the University of Florida Board of Trustees for the benefit of the University of Florida College of Medicine, Shands Jacksonville Medical Center, Inc., and Shands Teaching Hospital & Clinics, Inc.

