COFFEE REGIONAL MEDICAL CENTER

INDIVIDUAL CONFIDENTIALITY AGREEMENT REGARDING ACCESS TO ELECTRONIC MEDICAL RECORDS

Coffee Regional Medical Center is committed to protecting the privacy and security of individual identifiable health information and other protected health information of a confidential nature for the hospital organization. Information pertaining to patients and other sensitive information must be held in strict confidence.

I hereby acknowledge that I have been given access to Coffee Regional Medical Center computer systems to view and/or print patient information either via the Internet from the Coffee Regional Medical Center's web−site or while performing my job inside the Coffee Regional Medical Center facility. The User ID given to me by Coffee Regional Medical Center will provide access to patient's Electronic Medical Record (EMR) and I understand that this is for my use only and will by in my possession only.

Name of Requesting Individual to Access System: _____

Name of Organization: _____

Nature of Organization's Business: _____

Purpose of Request for System Access: _____

I further acknowledge the following:

(A) The individual above is allowed access to medical records of patients for his/her organization which has been authorized by Coffee Regional Medical Center to view. The individual above agrees not to attempt to access any medical records of patients for whom its organization has not been authorized. _____(initial)

(B) The only individuals who are authorized to have access to the EMR described above are individuals and authorized representatives who are employed by the organization and who have signed this confidentiality Agreement. Access to the EMR is limited to authorized persons with a need to know, to the extent necessary, to perform their contracted duties for the purpose stated above. _____(initial)

(C) The individual authorized representative can access the electronic medical record via a User ID and password assigned to them by Coffee Regional Medical Center. The individual and organization understands that when an authorized individual's User ID and password are used to gain access to the EMR, the User, time of access, and the name of the patient whose medical record was accessed will be recorded. CRMC will conduct routine audits of the system. Variances will be investigated and appropriate action taken._____(initial)

COFFEE REGIONAL MEDICAL CENTER

INDIVIDUAL CONFIDENTIALITY AGREEMENT REGARDING ACCESS TO ELECTRONIC MEDICAL RECORDS− Pg 2

(D) The individual understands and agrees that they must hold all medical information in confidence and not disseminate any of the accessed information for any purpose. The organization/individual understands that any violation of State and Federal law may result in claim for damages and/or punitive action. Such persons are subject to the following penalties:

* A fine of up to $50,000 or up to 1 year in prison or both;

* If the offense is committed under false pretenses, a fine of up to $100,000, up to 5 years in prison or both;

* If the offense is committed with intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain or malicious harm, a fine up to $250,000 or up to 10 years in prison, or both.

HIPPA also provides for civil fines to be imposed by the Secretary of DHHS "on any person" who violates a provision of it. The maximum is $100 for each violation, with the total amount not to exceed $25,000 for all violations of an identical requirement or prohibition during a calendar year. _____(initial)

(E) An individual who is no longer employed by the above listed organization is considered to have terminated the Agreement. The organization agrees to notify Coffee Regional Medical Center immediately upon the termination of the individual and and/or authorized representative who has been granted system access._____(initial)

(F) Specific State and Federal requirements regarding the protection of alcohol and drug abuse records, mental health records, HIV−related information prohibits you from making any further disclosures of said information without the specific written consent of the person to whom it pertains, or is otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose._____(initial)

(G) The organization/individual understands that failure to abide by the above Agreement may result in termination of the organization/individual rights to access Coffee Regional Medical Center computer systems and/or disciplinary action and/or legal action._____(initial)

My signature below signifies I have read and understand the "Individual Confidentiality Agreement Regarding Access to Electronic Medical Records" in its entirety. I hereby agree to the obligation as outlined in the Agreement.

_____

Authorized Individual Signature (Legal Name) Date

_____

Printed Legal Name

Last 4 digits SSN_____ Date of Birth _____

This information is needed to build your security ID in Physician Webstation.

Please fax agreement to CRMC's IT Department at 912−383−6984