

Cameron University
Records Access Agreement
For External Users

Security, confidentiality, and data integrity are matters of concern for all persons who have access to any health plan records that contain (PHI ("Record")). Each person who accesses the Records must recognize these responsibilities and be entrusted in their preservation. There are distinct differences between paper Records and electronic Records. This document deals with use of and access to electronic Records and, as appropriate, to paper Records as well. You are being afforded access to certain Records as part of the University Health Plan's Treatment, Payment, or Health Care Operations. Before being afforded access privileges, all authorized persons must read and agree to comply with this Agreement.

The following specific principles concerning security, confidentiality, and integrity of the Health Plan's Member electronic information are applicable to all persons who are authorized to access these Records.

In exchange for being granted access to the Health Plan's electronic Member information, I agree that I will:

- Access only those Records that are necessary for the purpose for which my access has been granted as described below.
- Not release my assigned user identification or password (electronic signature/authentication device where applicable) to anyone else, or intentionally/unintentionally allow anyone else to access or alter information using my user identification.
- "Lock" the computer when I leave the workspace by selecting the "CTRL," "ALT," "DEL" keys.
- Not utilize anyone else's user identification or password to access Records or alter information. I will exit to the logon window when I am not at the workstation.
- Understand that the information accessed contains sensitive and confidential Member information that may be disclosed only to those authorized to receive it.
- Respect the privacy and rules governing the use of confidential information accessible through electronic information systems including but not limited to HIPAA and HITECH and utilize only such information to perform my legitimate duties.
- Understand that all access, attempts to access, and accomplishment of specific functions (e.g., entry and authentication of information, access to Records identified as sensitive, accumulation of unsigned documents) will be monitored and are subject to review by the University Health Plan.
- Respect the confidentiality of any reports containing Member information printed from the system and handle, store, use, and dispose of these reports appropriately.
- Understand that the authentication (electronically signing) of documents will be treated as a written signature with all the ethical, business, and legal implications associated thereof.
- Not divulge, copy, benefit personally, alter or destroy, or remove either electronic or hard copy from the premises any information contained within the Records except as properly authorized by the University Health Plan and within the scope of my professional duties.
- Understand that I have no right or ownership interest in information within the electronic system and that my access code may be revoked at any time.

Violators of this Agreement may be subject to loss of access. By signing this, I agree that I have read, understand, and will comply with this Agreement.

Print Name:

Signature: _____ Date:

Company:

Job Title:

Purpose for Requested Access:

For Administrator only:

User ID:

Activate Date:

Deactivation Date:

Role(s):