



SYSTEM USER AGREEMENT
(Healthcare Affiliates / Temps / Consultants / Contractors / Vendors)

* LAST NAME	* LEGAL FIRST NAME	MI	*PHONE # (Required)	PAGER	* E-MAIL ADDRESS
*BUSINESS NAME (Required)		JOB TITLE/DESCRIPTION		UAMC POINT OF CONTACT / PHONE NO.:	
FUNCTION:	MEDICAL / CLINICAL STAFF	NEW HIRE	TEMP	CONCURRENT/UTILIZATION REVIEW	
	CONSULTANT / CONTRACTOR / VENDOR	OTHER: _____			
PURPOSE:	PATIENT TREATMENT/CARE	BILLING/PAYMENT	MAINTENANCE/SUPPORT		
	RESEARCH - RESEARCH IRB/VOTF Number/Sponsor Required :				
APPLICATIONS:	ALLSCRIPTS-EHR	SUNRISE ENTERPRISE GATEWAY	CHARTMAXX	CRITICAL CARE MANAGER	
	SYNAPSE (PACS)	IDX-SCHED	AMTELCO WEB	OTHER (Identify Application): _____	
	CITRIX (REMOTE ACCESS)	E-MAIL	VPN	OTHER (Please Describe): _____	

UAHN CONFIDENTIALITY / NON-DISCLOSURE AGREEMENT

The confidentiality and integrity of organization information are to be preserved at all times. Organizational information that includes, but is not limited to, patient identifiable, employee identifiable, financial, intellectual property, financially non-public, contractual, of a competitive advantage nature, and from any source or in any form (i.e. paper, magnetic or optical media, conversations, film, etc.), is considered confidential (AR S 12-2291 et seq. and CFR 160 & 164). All information contained within a patient's medical record (hard copy and electronic) is confidential. Aggregate data output (diagnosis, procedure service, specialty, physician, etc.) is also confidential and may only be released by individuals authorized to do so by their position. Passwords to any computer system that processes/stores patient specific clinical data or corporate and employee data are also confidential. This information is protected by state and federal law and by the policies of the University of Arizona Health Network (UAHN). The intent of these laws and policies is to ensure that confidential information will remain confidential through its use and as a necessity to accomplish the missions of this organization.

In order to receive a computer user account and be allowed access to UAHN systems and/or be granted authorization to access any form of confidential information identified above, I, the undersigned, agree to comply with the following terms and conditions:

- Any patient or financial data available to me through access to UAHN computer systems will be treated as confidential information.
- I will protect to the fullest extent required by state and federal laws and hospital policy the patient's right to confidentiality of all medical and personal information.
- I will not access or attempt to access for the purpose of inquiry, manipulation, deletion or alteration any data outside the scope of my responsibility, including my own electronic medical record, data regarding family members, or that of friends/associates. In addition, I will not access or attempt to access confidential information, including personnel, billing or private information outside the scope of my responsibility.
- I agree not to use information obtained from UAHN computer systems in any way that is detrimental to the organization, its members or patients and will keep all such information confidential.
- My computer user account is equivalent to my LEGAL SIGNATURE. I will not disclose this account or password to anyone or allow anyone other than myself to access the system using it and understand that I am responsible and accountable for all entries made and all retrievals accessed under my user account, even if such action was made by me or by another due to my intentional or negligent act or omission.
- I will not access or attempt to access any UAHN computer system fraudulently by using an account and password other than my own.
- I will not leave any computer application that handles confidential information unattended while logged on and agree to log completely off of the system at the end of each workday.
- I agree to use care in handling printed reports, report copies, and fax documents and appropriately destroying or disposing of non-permanent paper copies containing patient, workforce, or corporate confidential information.
- I will not intentionally damage, corrupt, or inappropriately delete data or computer programs or copy data or programs to other devices or media without authorization.
- I will not tamper with any UAHN network-connected device without the authorization and/or assistance of the Information Systems Department).
- I understand that my use of the system may be periodically monitored to ensure compliance with this agreement.

I understand and acknowledge that improper access to or disclosure of confidential patient, workforce, or corporate information, whether verbally or from a paper-based or computer-based record is a violation of UAHN corporate policies. I further understand and acknowledge that any violation of any part of the above agreement may result in termination of medical record and/or computer access privileges and may result in sanctions that include immediate dismissal without notice and/or legal action. I also understand and acknowledge that disclosure of confidential information is prohibited indefinitely, even after termination of business relationship, expiration or cancellation of this agreement, or unless specifically waived in writing by the authorized party.

NOTICE: Per corporate policy, accounts that are not used for 90 days or more will be disabled. Accounts that have not been used for 6 months will be deleted.

(Please print legibly)

***User Acknowledgement**

I, _____ acknowledge having received, read, fully understand and agree to abide by the terms of this Agreement. I understand that if I violate any part of the agreement, access to UAHN medical records and/or systems can and may be revoked and that I may be subject to legal action.

X _____ DATE _____

***User Signature (Required)**

(AUTHORIZING OFFICIAL NAME – PLEASE PRINT)	PHONE NO.	(AUTHORIZING OFFICIAL SIGNATURE)	(DATE)
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