



Remote User Agreement

Individuals who are approved to perform Erlanger Health System (EHS) job functions from home or a location outside EHS and must remotely access EHS information electronically to perform such job functions, must understand and agree to the conditions listed below.

By signing this document, I understand and agree to the following: Initial after each numbered item.

- 1. I will not share or discuss individual health information or confidential business information with:
- anyone who is not authorized to access or does not have a legal "need-to-know" such information (i.e., they do not need this information in order to perform their jobs or make care decisions on behalf of a patient.)
- anyone in a public area where unauthorized people can overhear.
2. I will not, under any circumstances, request, retrieve or use patient or employee health information or utilize EHS-owned equipment for purposes other than those required by my job.
3. I will not store individual patient or employee health information on the computer I use for remote work or on any remote storage device unless the data has been encrypted and rendered unreadable by unauthorized persons.
4. I understand that my personal access code(s), access card(s), computer ID(s) and password(s) are as effective as my personal signature and are legally binding.
5. I will log off prior to leaving any computer unattended in a publicly accessible area.
6. I specifically acknowledge that I am liable for damages to any computer equipment loaned to me by EHS for the purposes of this remote job function.

I understand that I must sign this agreement in order to work at (or in association with) Erlanger Health System electronically from a remote location. I understand that violation of this agreement may result in disciplinary action, up to and including termination of employment or suspension and loss of privileges and may, under federal or state law, result in individual civil or criminal penalties.

Signature of User of Erlanger Health System Information

Date

Printed Name

Employee ID (if employee)

Department Manager: Submit this form along with the access request form to the Technology Management Department for approval. Approved forms will be forwarded to the Service Desk. Denied requests will be returned to the department manager.

Revised: 05/13/2021