

I understand that as a result of the relationship with UT Medical Group, Inc. d/b/a University Clinical Health (UCH) and me or my current employer that I may be given access to UCH patient demographic and/or clinical information that resides in UCH information systems. I further understand that this information is authorized through an individual user name and password that is assigned to me by the UCH Information Systems Department. I understand that the password assigned to me must be kept confidential at all times, and I agree to not share my personal password with any other individual(s). I also agree not to attempt to gain access to the systems of UCH through the use of any username(s) and password(s) other than the one designated for my use.

I understand that as an: (Check one)

☐ Employee ☐ Volunteer ☐ Student ☐ Resident ☐ Contractor

of _____, I will have contact with and access to HIPAA Protected Health Information residing in the information systems (i.e., Epic, Galen, PMD, mModal, etc.) of UCH. I understand that ALL INFORMATION about patients of UCH, including demographic and financial data and any other information that may identify or be used to identify a patient is sensitive and confidential information.

I agree that I will not directly or indirectly:

- Use patient information for any purposes other than those directly associated with my role or activities with UCH;
- Disclose patient information to anyone who is not authorized to receive it;
- Use or disclose more than the minimum necessary patient information to accomplish my role or activities with UCH; or
- Access patient information for non-work-related purposes

I further acknowledge receiving and reading the UCH Policy on Confidentiality of Patient-Identifying Information (see attached). If I have any questions regarding the Policy, I may contact the UCH Privacy Officer at: (901) 866-8581.

I understand that violations of confidentiality may be cause for: (1) Reporting by UCH to appropriate authorities; (2) Alteration or Termination of my relationship with UCH; (3) Reduction or termination of access to patient information; (4) Personal liability for damages; and/or (5) Fines or imprisonment under federal and state laws protecting the confidentiality of patient information.

Signature: _____ Date: _____

Printed Name: _____ Employer: _____

For completion by Manager and Director of Operations:

Organization & Department: _____

Purpose for Access: UTHSC Resident, Fellow, or Student

(Please be specific as to the individual's need for access to UCH information systems.)

Approval UCH DO/Manager (please print name) _____

Approval Signature _____

Approval Date: _____

It is the sole responsibility of the UCH Approver to complete the termination paperwork and send to the UCH help desk.

Purpose

This Policy applies to UT Medical Group, Inc. d/b/a University Clinical Health (UCH) employees, volunteers, trainees, certain independent contractors, and other persons who are members of UCH's workforce, as that term is defined in the HIPAA regulations, as well as other persons who have access to UCH patient information and must comply with UCH privacy policies and procedures to receive such access. Workforce members deal with highly confidential information concerning patients of UCH. Repeated exposure to such information may lead to a decreased sensitivity to the need to protect patient privacy and to avoid unauthorized disclosures. This policy statement serves as a reminder to all members of UCH's workforce and HIPAA business associates of UCH, that HIPAA Protected Health Information is to be maintained in confidence and not disclosed.

Policy

It is the policy of UCH to maintain the privacy and the confidentiality of patient information. All "workforce members," whether of UCH or its business associates, are expected to always act in compliance with this Policy, during working and non-working hours. Violations of confidentiality may be caused by: (1) Reporting by UCH to appropriate authorities; (2) If applicable, alteration or termination of a relationship with UCH; (3) Reduction or termination of access to patient information; (4) Personal liability for damages; and/or (5) Fines or imprisonment under federal and state laws protecting the confidentiality of patient information. If you have any questions, you should direct them to the UCH Privacy Officer at 901-866-8581.

What information is covered

This policy applies to all HIPAA Protected Health Information, such as any information implicitly or explicitly identifying any individual as a patient. This includes not only medical records, diagnoses, and treatment information, but also the very identity of a person as a patient. All forms of communication are included (oral, written, and electronic).

When disclosure may be made

Patient-identifying information must not be disclosed except in accordance with UCH's privacy and security policies and procedures. Disclosures are generally permitted only with the patient's consent consistent with UCH's Notice of Privacy Practices. Any requests for disclosure of Protected Health Information should be directed to the UCH Privacy Officer at 901-866-8581.

Recommended precautions

Workforce members should exercise caution in handling patient information. Workforce members should not mention patients' names outside of the workplace, or where persons might overhear them not involved in the patient's care. Written patient-identifying information should not be displayed in public areas, and should routinely be kept covered or face-down when not in use. Photocopying and transmission of patient-identifying information by fax, encrypted email, voicemail, or other electronic means should be limited to circumstances providing a reasonable assurance of privacy as specified by UCH policy. Computer terminals displaying patient information should not be used where they can be seen by non-workforce members, should utilize password protected screensavers, and should be secured when not in use.

Contact Information for UCH Privacy Officer:

1407 Union Ave, Suite 700, Memphis, Tennessee 38104; (901) 866-8581.