



## **UHS CareLink Access and Confidentiality Agreement for SITE USER**

United Health Services Hospitals, Inc., United Medical Associates, P.C., Chenango Memorial Hospital, Inc., Delaware Valley Hospital, Inc., Professional Home Care, Inc. and Twin Tier Home Health, Inc. (individually a “UHS Entity” and collectively the “UHS Entities”) are implementing Epic, a new electronic health record system (the “Epic EHR”). UHS CareLink is part of the Epic EHR and it enables providers from non UHS Entities to access information about their patients who are treated at one or more UHS Entity. The UHS Entities require that this confidentiality agreement (the “Confidentiality Agreement”) be executed prior to granting access to UHS CareLink. I understand that executing this Confidentiality Agreement does not guarantee access to UHS CareLink.

I understand that my request for access to UHS CareLink is being reviewed and, if granted, will enable me to access information about my patients who are treated at one or more UHS Entity. By signing below, I accept responsibility to safeguard all protected health information (“PHI”) and personally identifiable information (“PII”) accessed through UHS CareLink, from inappropriate use or disclosure. All access to UHS CareLink shall be subject to the following conditions and limitations:

1. I will protect the privacy, confidentiality, and security of the Protected Health Information (“PHI”) and Personally Identifiable Information (“PII”) accessed via UHS CareLink or any other UHS system in accordance with federal and state privacy laws and regulations.
2. I have read and will comply with the attached UHS Policy **#SYS 05 – Confidentiality of Patient/Employee Information**, UHS Policy **#SYS 06 – HIPAA Information Security**, and UHS Policy **#SYS 42 – Notification of a Breach of Unsecured Protected Health Information**.
3. I will also comply with the privacy, confidentiality, and security policies of the site/practice/organization listed below (the “Site”) with which I am affiliated. To the extent that there is a conflict between the policies of UHS and those of my employer or organization, I will comply with the more stringent requirement. If I have any questions or concerns about my ability to comply with this requirement, I will contact my Site Administrator, Site Executive or the appropriate UHS Entity IT Privacy and Security Office.
4. I will be the only one to use my login username and password(s) and will not share or disclose my username or password(s) with anyone for any reason. Similarly, I will not use the login username or password(s) of another individual to access UHS CareLink or any other UHS system.
5. I will contact the UHS Entity IT Privacy and Security Office and my Site Administrator immediately in case of actual or suspected inappropriate use or disclosure of PHI or PII involving information obtained via UHS CareLink or any other UHS system, whether by me or any other person or if I suspect my login information has been compromised and/or shared inappropriately.
6. In case of the actual or suspected inappropriate use or disclosure of PHI or PII involving information obtained via UHS CareLink or any other UHS system, I agree to cooperate with the UHS Entity in every reasonable way to investigate such inappropriate use or disclosure of PHI or PII and to regain possession of such information and prevent its further unauthorized use or disclosure.
7. I understand that my access to and all activities performed by me in Epic CareLink will be monitored and audited by the UHS Entities, and that all activities performed under my login username and passwords(s) will be attributed to me.



8. I will not download or copy/paste information from UHS CareLink to an unencrypted computer, unencrypted portable device or into any unencrypted email.
9. I will not access PHI or PII on UHS CareLink for any purpose outside my job responsibilities.
10. I will not attempt to gain access to PHI or PII for which I am not authorized. This includes access to my family member(s) information which I do not have a legitimate business or treatment reason to access. Even if my family member(s) has authorized release of information to me, I may not access it through UHS CareLink, unless I have a legitimate business or treatment reason or need to access the PHI or PII.
11. If my authorized uses or communications of PHI or PII result in incidental disclosures, I will use appropriate safeguards to minimize the degree of these incidental disclosures.
12. I understand that I cannot use or disclose PHI or PII for any purpose or to any person or entity unless I am acting within the scope of my job responsibilities. Further, I understand that I cannot copy, print, photograph or take any written notations of PHI or PII stored in UHS CareLink for any unauthorized purpose.
13. If my employment or affiliation with the Site ceases, my access to UHS CareLink will be terminated.
14. I will securely destroy copies of PHI / PII when my business purpose for the information is complete.
15. I understand that in the event I inappropriately use or disclose PHI or PII accessed from UHS CareLink or any other UHS system, or otherwise breach this Confidentiality Agreement, the UHS Entities have the right to immediately terminate my access to UHS CareLink, with or without notice, and may deny me future access to its systems. I also understand that I and/or my Site with which I am affiliated may be subject to civil or criminal penalties as described by federal/state law as a result of such inappropriate use or disclosure.
16. I understand that I have a responsibility to notify my supervisor, our Site Administrator and the UHS Entity IT Privacy & Security Office immediately of any suspected and/or known violation of this Confidentiality Agreement.
17. I understand that I will be notified of any modifications to this Confidentiality Agreement for access to UHS CareLink electronically on the UHS CareLink's entry page if and when such modifications occur. I understand that by electronically accepting any modifications, by pressing the "Accept" link, I am indicating that I have reviewed, understand and agree to abide by any such modifications.

***I have read and understand this Confidentiality Agreement:***

\_\_\_\_\_  
 NAME [PLEASE PRINT]

\_\_\_\_\_  
 NAME (SIGNATURE)

\_\_\_\_\_  
 EMAIL ADDRESS

\_\_\_\_\_  
 PHONE NUMBER

\_\_\_\_\_  
 ORGANIZATION / SITE/ PRACTICE NAME

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 CITY

\_\_\_\_\_  
 STATE

\_\_\_\_\_  
 ZIP