



CONFIDENTIALITY STATEMENT

In keeping with Emerson Hospital policies it is the responsibility of all Emerson personnel, included but not limited to, employees, medical staff and other health care professionals, volunteers, agency, temporary and registry personnel; trainees, students and interns, and Emerson Practice Associates employees, to preserve and protect confidential patient, employee and business information whether in hard copy, file, oral or computerized form. HIPAA and Massachusetts Law establish protections to preserve the confidentiality of various medical and personal information and specify that such information may not be disclosed except as authorized by law or the patient or individual. Protected Health Information (PHI) is defined as any individually identifiable information in possession or derived from a provider of health care regarding a patient's medical history, mental or physical condition or treatment, as well as the patients and/or their family members' records, test results, conversations, research records and financial information.

I understand and acknowledge that:

1. Unauthorized access, use or disclosure is strictly prohibited. Access to all patient, employee, financial and proprietary information without specific written authorization, is permitted only when required for patient care or to perform regular duties for the Hospital and only in accordance with this Agreement. Unauthorized access, use or disclosure will result in disciplinary action.
2. Access to patient information by physician office staff is restricted to patients directly under the care of the physician or physician group in which they are employed.
3. All of Emerson Hospital's information technology resources (including computers, telephones, telecopiers, e-mail, Internet access and all other electronic devices and systems) and any data stored on those devices or systems are property of Emerson Hospital.
4. Emerson's Information Technology Resources contain various types of activity-monitoring capabilities that document and monitor user activities, and that periodic audits are performed.
5. It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all medical records, proprietary information and other confidential information relating to Emerson Hospital.
6. I will discuss confidential information only in the work place as appropriate, and only for job related purposes, and to refrain from discussing this information outside of the work place or within the hearing of other people who do not have a need to know this information.
7. I will only access or disseminate patient care information in the performance of my assigned duties and where required by or permitted by law, and in a manner which is consistent with Emerson Hospital policies.
8. Each time I access protected health information I will only use the minimum necessary required to do that function of my job.
9. All non-Emerson owned systems used in accessing PHI remotely must meet Emerson's minimum IS security recommendations and standards. No PHI will be download to portable media unless encrypted.
10. I will access information/documents needed to perform my job only through **Citrix**; no paper documents of any kind shall be removed from the hospital.
11. I will avoid using personal telephones to contact patients unless approved by IS Security.
12. Deliberate unauthorized access or release of confidential information may make me subject to legal action and will result in termination of employment.
13. The law specially protects psychiatric and substance abuse records, any and all references to HIV testing, positive or negative, and that deliberate unauthorized release of such information will result in termination of employment and/or legal action.
14. I am not to share my log-in user ID and/or password with anyone, and that any access to Emerson systems made under my log-in/user ID and password is my responsibility.
15. I understand that texting PHI is not secure and is not allowed under federal law or Emerson Hospital policies.
16. I understand that e-mail containing PHI sent to an email address other than @emersonhosp.org is not secure, prohibited by hospital policy and must be encrypted before it is sent.

All individuals must read and sign this form prior to the beginning of their assignment, issuance of a password(s), and yearly thereafter.

Acknowledgment: I have read and understand the above Confidentiality Statement and I agree to comply with it. I understand that a violation of any part of the Confidentiality Statement may result in disciplinary action up to and including termination of employment or, for individuals who are not employed by the Hospital, termination of access to the Hospital's information systems and/or facilities.

Print Name

Mother's Maiden Name (for security verification purposes)

Date of Hire/Transfer

Position/Title

Department/Physician Practice

Signature

Date



CONFIDENTIALITY STATEMENT

Please check appropriate box:

<input type="checkbox"/> Hospital Employee	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician Office Staff	<input type="checkbox"/> Referring Physician	<input type="checkbox"/> Contractor	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Student
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Name: _____ Department: _____

Position/Title: _____ Cost Center: _____

Instructor: _____ End Date (Contractor/Students/Interns): _____ School: _____

This individual should be given access to the following systems (check all that apply)

<input type="checkbox"/> Meditech	<input type="checkbox"/> Orchestrator	<input type="checkbox"/> Outlook	<input type="checkbox"/> E-mail Distribution List(s) i.e. @LAB_ALL _____ _____	<input type="checkbox"/> Access E-forms
<input type="checkbox"/> MUSE/EKG	<input type="checkbox"/> OB Tracevue	<input type="checkbox"/> Allscripts Care Mgmt	<input type="checkbox"/> Allscripts Homecare	<input type="checkbox"/> Allscripts ED
<input type="checkbox"/> GE Centricity EHR	<input type="checkbox"/> 3M Encoder	<input type="checkbox"/> Precyse Coding/CDIS	<input type="checkbox"/> PACS Web View	<input type="checkbox"/> Biscom
<input type="checkbox"/> Redoc	<input type="checkbox"/> Citrix	<input type="checkbox"/> Voice Mail	<input type="checkbox"/> Pager	<input type="checkbox"/> KaufmanHall
<input type="checkbox"/> SIS	<input type="checkbox"/> Onbase	<input type="checkbox"/> Mosaicq		
<input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Shared Network Drive(s): Drive Letter: __ Server (i.e. NAS1): _____ Drive Name (i.e. Fiscal\$): _____		<input type="checkbox"/> Shared Network Drive(s): Drive Letter: __ Server (i.e. NAS1): _____ Drive Name (i.e. Fiscal\$): _____	

This individual should be set up with the same access as _____
(Name of employee or menu)

This individual's Emerson telephone number will be: _____

Requesting Manager Signature: _____ Date: _____

PHYSICIAN HOSPITAL ORGANIZATION (PHO)

Practice name: _____

Manager/requester's name: _____

Requester's phone: _____

For Meditech/GE Centricity/Citrix, please indicate the type of role:

<input type="checkbox"/> Physician	<input type="checkbox"/> EHR Physician Leader	<input type="checkbox"/> Nurse Practitioner/PA	<input type="checkbox"/> RN/LPN	<input type="checkbox"/> Medical Assistant
<input type="checkbox"/> Technician	<input type="checkbox"/> Billing Supervisor	<input type="checkbox"/> Billing Staff	<input type="checkbox"/> Scheduling Supervisor	<input type="checkbox"/> Scheduling Staff
<input type="checkbox"/> Office Manager	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Filing/Scanning Clerk	<input type="checkbox"/> View Only	

Requesting Manager Signature _____ Date: _____

Upon completion, please forward to the Information Systems Help Desk; Fax 978.287.8040

For assistance, please call the Helpdesk at 978-287-3447 option 1 (for Hospital users) option 2 (for PHO users)