

**Confidentiality and Appropriate Use Agreement
Baptist Health System**

I, the undersigned, understand that Baptist Health computer network and/or systems contains confidential information regarding Baptist Health's patients, including, but not limited to, clinical, financial, and personal data. I further understand that unauthorized access, use, and/or disclosure of such confidential information is prohibited by state law, federal law, and Baptist Health policies and procedures.

I agree that I will:

1. Only access BH computer network and/or systems for information specifically required to render adequate medical care or otherwise perform the duties of my employment;
2. Not disclose any confidential information obtained from BH computer network and/or systems to any individual or third party, except as specifically authorized by BHS and applicable patients;
3. Not use any confidential information obtained from BH computer network and/or systems in an inappropriate manner; and
4. Maintain the confidentiality of any login ID and/or password assigned to me by BHS by not sharing my password(s) with anyone else and/or allowing another person to use my login ID.

I understand that breach on any of the above obligations may lead to revocation of my access privileges and may subject one to personal liability and/or disciplinary action, up to and including termination.

Signature

Printed Name

Date

Employee Number

EXTERNAL USER REQUEST FORM
 BAPTIST HEALTH INFORMATION SECURITY
 Help Desk 202-7565 Information Security – 202-1979

Fill in online, Print, Sign and Fax to: 904-202-1928

User's Last Name:	User's First Name:
Agency Name:	Position:
Business Address:	
Phone Number:	Fax Number:
Contact Name:	Contact Signature:
Email Address:	

Account Creation: (Select Only One)

- Single Sign On
- Single Sign On with Internet Scheduling

Account Creation Specifications: (Select All That Apply)

- CDR Millennium
- CDR Millennium with E-Signature (*Physicians Only*)
- Cerner Classic (Beaches, Radiology, Lab)
- Wilma (AS-400) PACU ER OR

Account Modification: (Select All That Apply)

- Wilma
- Other _____
- Special Instructions _____

Helpdesk 202-7565 Information Security – 202-1979 Information Security Fax 202-1928

**Date Received:	**Date Completed:
**Date Notified:	**Person Notified:
** User ID:	** Ticket Number:

**** These fields are to be filled out by Internet Security**

EXTERNAL USER REQUEST FORM
BAPTIST HEALTH INFORMATION SECURITY
Help Desk 202-7565 Information Security – 202-1979 Fax 202-1928

CONFIDENTIALITY, NON-DISCLOSURE & APPROPRIATE USE AGREEMENT
BAPTIST HEALTH

I, the undersigned, understand that I may have access to confidential information regarding Baptist Health's (BH) patients ("Patient Information") and confidential information regarding BH and its employees ("BH Proprietary Information"), directly or indirectly, as a result of my interaction with BH employees, being allowed access to BH's computer network or presence on BH's premises (the "Permitted Activities"). I understand that all Patient Information and BH Proprietary Information that I access, receive or is disclosed to me verbally, electronically or in writing must be kept confidential, and may only be used in connection with the Permitted Activities and only to the extent specifically authorized by BH. I further understand that the unauthorized disclosure of Patient Information and BH Proprietary Information is prohibited by State and federal law.

I acknowledge the following terms and conditions, which are a condition of the Permitted Activities, and agree to comply with them:

1. I will treat all Patient Information and BH Proprietary Information as confidential;
2. I will not disclose any Patient Information or BH Proprietary Information to any individual or third party, except as specifically authorized by BH and the applicable patient, and then only on a need-to-know basis;
3. I will not use any Patient Information or BH Proprietary Information in an inappropriate, unethical, detrimental or unauthorized manner;
4. I will only access BH's computer network and/or systems if, and to the extent, authorized by BH;
5. I will only access BH's computer network and/or systems for information specifically required to render medical care or specifically authorized by BH in connection with the Permitted Activities;
6. I will not attempt to learn or use another individual's sign-on code, User ID or password.

I understand that violation of any of the above terms may lead to disciplinary action from my employer, loss of access privileges, criminal prosecution and/or personal liability. I will indemnify, defend and hold BH harmless from any third-party claims arising from my failure to comply with the terms of this agreement. I have read, understand and agree to the foregoing terms and conditions.

X

Signature	Printed Name	Date
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Third-Parties With Authorized Information Systems Access – Additional Agreement

In addition to the confidentiality provisions set forth above, as a condition of my continued access to BH's computer network and/or systems, I agree to comply with the following terms and conditions:

1. My sign-on code, User ID and password (collectively, my "Access Code") is equivalent to my handwritten LEGAL SIGNATURE and I will not disclose my Access Code to anyone or allow anyone to use my Access Code;
2. I am responsible and accountable for all entries made and all retrievals accessed under my Access Code, whether such action was made by me or by another due to my intentional, reckless or negligent act or omission;
3. If I have reason to believe that the confidentiality of my Access Code has been compromised, I will immediately notify BH's network helpdesk at 202-7565 and change my password;
4. I will not leave a secured computer application unattended, while still signed on; and
5. I understand that my use of the BH computer network and/or systems may be periodically monitored to ensure compliance with my access rights and this agreement.

I understand that violation of any of the above terms may lead to disciplinary action from my employer, loss of access privileges, criminal prosecution and/or personal liability. I will indemnify, defend and hold BH harmless from any third-party claims arising from my failure to comply with the terms of this agreement. I have read, understand and agree to the foregoing terms and conditions.

X

Signature	North Florida Health Svcs. 241-1656 Company Name & Phone	Carla Fry/821-6953 BH Manager/contact & Phone
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