

PHYSICIAN CONFIDENTIALITY AGREEMENT

FOR ACCESS TO ELECTRONIC MEDICAL RECORDS

Yakima Regional Medical and Cardiac Center and Toppenish Community Hospital are committed to protecting the privacy and security of individual identifiable health information and other protected health information of a confidential nature for the hospital organization. Information pertaining to patients and other sensitive information must be held in strict confidence.

I hereby acknowledge that I have been given access to the Hospital Information System for **Yakima Regional Medical and Cardiac Center and Toppenish Community Hospital** to view and/or print patient information via the Internet from the HMA web site. **The User ID will provide access to my patient's Electronic Medical Record, (EMR) which includes information such as but not limited to demographics, lab, medications, transcription, and radiology information and I understand that this is for my use only and will be in my possession only.**

Name of Practice: _____

Physician Name: _____ (Print Full Name)

Name of Authorized Employee to Use System: _____ (Print Full Name)

Phone #: _____ Last 4 of SSN: _____ DOB: ___ / ___ / ___

Please provide your E-mail so we can send you information for future reference.

E-mail Account: _____

I further acknowledge the following:

(A) Practice shall include any Staff or Non- Staff physician (hereafter referred to as "physicians") practicing within the undersigned physician group and all employees (hereafter referred to as "physician authorized representative") authorized by a physician in said group to have access to the EMR under the terms and conditions of this Agreement.

(B) The Practice is allowed access to medical records of patients for whom its physician(s) is/are either the attending physician(s) of record, consulting physician(s) of record, covering physician of record or the patient's primary care physician of record. The Practice agrees not to attempt to access any medical records of patients for whom its physician(s) is/are not physician(s) of record.

(C) The only individuals who are authorized to have access to the EMR described in (B) above, are physicians and physician authorized representatives who are employed by the Practice and who have signed this Confidentiality Agreement. The physician-authorized representative must be designated by a physician member in the Practice, and shall only be entitled to access the EMR while in the employ and under the direct supervision of the physician practice member for whom the individual is the authorized representative. Access to the EMR is limited to authorized persons with a need to know, to the extent necessary, to perform their patient care related duties.

(D) The physician and physician-authorized representative can access medical records by using an individual identification number that will be assigned to him or her. The Practice understands that when an authorized individual's identification number is used to gain access to an EMR, the identification number, time of access, and the name of the patient whose medical record was accessed will be recorded. All individual authorized employees who have access to the EMR will be assigned an individual password in order to access medical records. The Practice will not authorize any other individuals to have access to the EMR or for individuals to use a password not specifically assigned to that individual.

Yakima Regional Medical Center

Yakima and Toppenish Patient Access

New Hire
 Update/Transfer
 Temp Access - Exp Date _____

Employee Name: _____ **Date of Birth:** _____ **Last 4 SSN:** _____
Department Name: _____ **Phone:** _____
Position: _____
Supervisor Name: _____ **Phone:** _____
Signature: _____ **Date:** _____

User Security and Confidentiality Statement

I agree to keep my user access code confidential and will maintain the confidentiality of all information stored within the Yakima Regional Medical Center and/or Health Management Association (HMA) Information Systems. As an HMA Employee, I share responsibility for the protection on HMA's information assets and will be held accountable for maintaining their integrity, confidentiality and availability. I understand that failure to adhere to Yakima Regional Medical Center or HMA's policies and procedures may result in action up to and including termination of employment. HMA reserves the right to pursue legal prosecution under the state, local and federal statutes.

***Employee Signature:** _____ **Date:** _____

E-Mail Policy **Initials:** _____

I have read and understand the HMA E-Mail Policy. I also understand that I have no expectations of privacy in connection with the use of the Computer equipment or with the transmission, receipt, or storage of information in this equipment. I acknowledge and consent to HMA monitoring my use of this equipment at any time, at its discretion. Such monitoring may include printing and reading all E-Mail entering, leaving, or stored in these systems.

Internet Policy **Initials:** _____

I have read Health Management Associates Internet Usage Policy and agree to abide by it as consideration of my continued employment with HMA. I understand that violation of the Internet policy may result in disciplinary action and/or termination of employment.

Hospital Administered

Corporate Administered

Add	Chg	Keep	Application	User ID	Add	Chg	Application	User ID
			AS400 - PULSE				Web GL (Acctg)	
			MAP (Results)	HPF (Medical Record)			ATHENA (Clinics)	
			ECHARMS (HIM)				HMM (Pharmacy)	
			Email				PatientSafeScan	
			PACS (Radiology)				ACCUDOSE (Rx)	
			CVIS (Cath Lab)				ADP (Payroll)	
			Softlab (Lab)				PMM (Materials)	
			Rapidcom (Lab)				FAS (Finance)	
			MedHost (ER)					
			CareTracker (CQI)					
			RIS (Radiology)					
			Kronos (List Depts)					
			HHC (Home Health)					

Add
 Chg
 Keep
 Corporate Mainframe Options
 Existing User ID

DAR = discharged accounts receivable	UB Print = demand print ub92 billing forms
UNCOMBINE =users who should have the ability to un-combine patient accounts	PAYOR 950 = lets user approve pat. accts billed with misc payor
PB230 = lets user recreate an account that has purged off of DAR so payments etc...can be posted	MOD UPD = users who should have the ability to update modifiers on the mainframe
FIN CLS = user can change F/C in DAR online	INS CLS = user can change INS info in DAR
NAME CHG = user can edit name info in DAR online	CLIENT BILL = ability to generate client bills
ADHOC = adhoc library to request reports to run	ALT FRC = users who should have the ability to force patient accounts through the different levels of alerts
<input type="checkbox"/> PBS <input type="checkbox"/> DAR <input type="checkbox"/> LOG	MC ALERT = Medicare Alerts
CHRG DETAIL = Charge detail	Other =
AP = accounts payable	

MIS USE ONLY

System:	Initial:	Date:	System:	Initial:	Date:
System:	Initial:	Date:	System:	Initial:	Date:
System:	Initial:	Date:	System:	Initial:	Date: