

Confidentiality & Technology Policy Acceptance Agreement Form

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*As a WellStar Health System ("WellStar") workforce member accessing and/or using any WellStar software, hardware, information systems or information assets (each, a component of the "WellStar Network"), I understand and agree to the following principles:*

**Use of WellStar Health System Electronic Information Resources**

- I understand that computer technology may be provided to me as a productivity enhancement tool by WellStar Health System at its own expense, and is the private property of WellStar Health System. When using WellStar's computer technologies, I understand that I must adhere to all established I.S. Hardware & Software Policies.
- I understand that it is a violation of WellStar policy to use WellStar's electronic computer systems or paper-based medical records/charts to access protected health information on co-workers, family, friends, neighbors or anyone else unless I am directly involved in the healthcare (treatment, payment or healthcare operations) of that individual.
- I agree to safeguard my unique login id and password and agree to accept responsibility for all activities undertaken while using my unique login id and password. I understand that login credentials are confidential and should not be shared.

**Protection of Personal or Confidential Information**

- I understand that it is a violation of WellStar policy to print, display, download, transmit or send any material that may be perceived as insulting, disruptive, harassing or offensive by other persons, or harmful to morale. I also understand that confidential or other sensitive data must never be stored on personal devices. I will retain or dispose of electronic records in accordance with WellStar's disposal policy.
- I will follow WellStar secure methods for transmitting PHI or other confidential and sensitive data. When faxing PHI and other confidential information, I agree to verify the fax number, use WellStar approved cover page with confidential statement (SPP IM-10), remove originals from fax machine, and confirm receipt. I agree to contact the compliance Department at (678)-331-6870 if I accidentally send the fax to a wrong number.

**Remote Access**

- As a Remote Access user, I must adhere to WellStar Remote Access policy (SPP IM-75). I further understand that although WellStar will take all necessary precautions to maintain the security of its network, I have the responsibility to protect my personal computer and private network from unauthorized access or entry. I also agree to protect WellStar Network from unauthorized use and entry that might occur from my personal device(s). I agree to have the most current security patches and virus definitions installed on my personal computer or device.

**Agreement and Signature**

- I understand that WellStar reserves the right to regularly review, monitor and audit access on all systems including the content of E-mail messages and internet utilization. I further understand that I do not have a right to privacy when using WellStar Network.
- I understand that unauthorized access, use, discussion or disclosure of any WellStar confidential data or patient health information is a serious violation of WellStar's Privacy & Security Policy. I also understand that these violations will result in disciplinary action, up to and including, immediate termination of employment. I understand that Criminal and Civil penalties may also apply, particularly in violations related to a patient's PHI (45 CFR §164.508 - Federal HIPAA Privacy & Security Regulations).
- *I hereby acknowledge that my signature on this Confidentiality & Technology Acceptance Agreement signifies I have read, understand, and am committed to WellStar's privacy, security and confidentiality policies/procedures.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee#