



**Confidentiality & Technology Acceptance Agreement Form (Students)**

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 electronic technologies may be provided to me as a productivity enhancement tool by WellStar 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 Information Security Hardware and Software policies.
- I understand that it is a violation of the Federal Privacy and Security Regulations (HIPAA) and WellStar policy to use WellStar's electronic technologies or paper-based medical records/charts to access the protected health information of co-workers, family members, friends, neighbors or anyone else unless I am directly involved in the provision of healthcare (treatment, payment or healthcare operations), as a WellStar workforce member, for 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 protected health information, 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 understand that when transmitting protected health information via email it is mandatory to place the word 'Confidential' in the subject line of the email in order to engage the encryption technology which will secure the email transmission.
- I will follow WellStar secure methods for transmitting protected health information or other confidential and sensitive data. When faxing protected health information or other confidential information, I agree to verify the fax number, use WellStar approved cover page with confidential statement (APP PS-10), remove originals from fax machine and confirm receipt. I agree to contact the Privacy Department at (678)-331-6880 if I accidentally send a fax to a wrong number.

**Remote Access**

- As a Remote Access user, I must adhere to WellStar's Remote Access policy PS-06. 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 email messages, internet utilization, medical records, and other electronic records. 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 protected health information or WellStar confidential data is a serious violation of the Federal Security and Privacy Regulations (45 CFR § Parts 160 and 164) and/or WellStar policies and procedures. . . 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 protected health information.
- *I understand that selecting "Agree" documents my electronic signature and represents my acknowledgment of this Confidentiality & Technology Acceptance Agreement and signifies I have read, understand, and am bound by WellStar's privacy, security and confidentiality policies and procedures.*

Name \_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_

School \_\_\_\_\_

School ID \_\_\_\_\_