

University of Toledo Medical Center
Clinical Portal, Horizon Patient Folder, SoftMed ESA Confidentiality Statement

As an employee/volunteer/medical staff member/student/vendor/agent of the University of Toledo Medical Center or any of its associated organizations, I agree to protect the confidentiality of any information that becomes accessible through association with the University of Toledo Medical Center. Please refer to the UTMC Policies: <http://www.utoledo.edu/policies/>

1. I WILL:

- Avoid any inappropriate disclosure of confidential information as outlined in Institution Policy #3364-15-10 on Patient/Research Subject Confidentiality and Institutional Policy on Standards of Conduct. I attest that I have received HIPAA training.
- Use confidential files and data only for purposes for which I have been specifically authorized by my department director and/or supervisor.
- Immediately report any unauthorized access or use of confidential information to my department director and/or supervisor.
- Properly dispose of confidential information according to Institutional Policy #3364-15-10.

2. I WILL NOT:

- Share confidential information with anyone unless the information is required for patient care, research and/or educational purposes.
- Review and/or access information for which I have no authorization
- Make copies of any confidential information except as specifically authorized by my department director and/or supervisor
- Share my computer password or file access codes with anyone
- Permit others to indicate my authorship for medical records or billing purposes
- Verbally discuss confidential patient information in public areas
- Allow unauthorized personnel access to files, computers, records and/or other confidential information.

I understand that information pertaining to the patient's admission, diagnosis, treatment and financial status is confidential and must be protected.

Breaches of confidentiality will be reported to and investigated by administration in accordance with institutional procedures.

** PLEASE ALLOW 48 HOURS FOR PROCESSING OF ALL USER ID REQUESTS **

Todays Date

Job Title

Print Your Name (so we can read it !!)

Department

Signature

Check your status:

UT Employee UTP Employee

Temp Employee / contractor

Company name: _____

Agency Employee

Agency name: _____

Student Volunteer

Other _____

If access is temporary what is your expected last date? _____

UT Network Login ID (for UT / UTP employees/students)

Date of Birth (for non UT / UTP employees)

Work Phone Number

Supervisor Printed Name

University of Toledo Email Address
(we will not email userID & passwords to non-UT email addresses)

Supervisor Signature

- ♦ Please Print this Confidentiality Statement, fill out **COMPLETELY AND LEGIBLY**
- ♦ Fax it back to Clinical Informatics (419) 383-3125.
- ♦ If everything is filled out correctly, we will create your account & contact you with your access information