

Information Security Agreement

PURPOSE:

To protect the confidentiality, integrity, and security of patient information accessed via file server(s) and workstations managed by the Department of Pediatrics (hereafter, "Department") through the use of a unique and private user identification code/username and password.

POLICY:

Healthcare information can be accessed by authorized persons to support patient care, peer review, quality improvement, risk management, reimbursement claims, clinical research, education and other legitimate requests. Any unauthorized use or disclosure of patient information is strictly prohibited. Access to various categories of patient information is based on need and defined by job title and function. The Department reserves the right to refuse access to EPHI (electronic protected health information) until this form is read and completed. Authorized individuals will be issued a unique user identification code and password. The username provides access to appropriate levels. **THESE ARE PRIVATE IDENTIFICATION CODES AND ARE NOT TO BE SHARED OR MADE PUBLIC.** If a user has any reason to believe that his sign-on code has been shared or compromised, it is the user's responsibility to immediately change his/her password and report the incident to his/her supervisor. Upon termination of employment with MUSC or any affiliate, the user's sign-on code will become inactive.

Failure to abide by the above policy can result in disciplinary actions including the discontinuation of computer privileges, job termination and criminal charges.

The Department mandates the protection of information stored on servers is in accordance with Policy C-3 of the MUSC Medical Center Policy Manual and in accordance with MUSC Computer Use Policy (<http://www.musc.edu/ccit/cup.html>).

FULL Name: _____ Credentials: _____
(PLEASE PRINT) (RN, MD, CA, PCT, RT, etc.)

Phone: _____

Job Title: _____

Division: _____

Division Director/Supervisor: _____ Phone: _____

Your signature below indicates that you have read and agree to comply with the above policy and procedure.

Signature: _____ Date: _____