

**ST. JOHN HEALTH SYSTEM (SJHS)
ELECTRONIC ACCESS AGREEMENT**

I have requested access to a SJHS information resource listed below. If I am given access, I accept full responsibility for my access.

Information Resource (If the information resource is not listed, please provide the name in the blanks below):

- | | |
|--|--|
| <input type="checkbox"/> MedWeb On-Call Schedule | <input type="checkbox"/> Carestream View Motion, Radiology Views |
| <input type="checkbox"/> SCI Order Facilitator | <input type="checkbox"/> Cerner EMR |

In consideration of the access privilege of the above named SJHS information resource, I agree to abide by the terms and conditions of this SJHS Electronic Access Agreement (the "Agreement"). I acknowledge that SJHS (which includes its affiliates and subsidiaries) has an active on-going program to review records and transactions for inappropriate access and I understand that inappropriate access or disclosure of information can result in penalties up to and including termination of access and/or disciplinary action.

I understand that I have the following responsibilities:

1. Protecting the SJHS computer network from unauthorized access. This means I will only access information for the sole **Business Purpose stated below**. I will not access my own records or record of family, colleagues, or anyone else if they are not my patients.
2. Protecting the confidentiality and integrity of information taken from the SJHS network.
3. Protecting and not sharing under any circumstances my user ID or password.
4. Ensuring that my password is kept confidential and changed periodically. I understand that I am responsible and will be held accountable for all activities occurring under my user ID.
5. Installing antivirus software on all servers and computer workstations linked to the SJHS computer network. Ensuring that the antivirus software is automatically updated and properly maintained with current virus definitions.
6. Ensuring that computer workstations accessing the SJHS network are placed in secure locations protected from unauthorized access.
7. Ensuring that a regularly scheduled or automated scheduling process is in place for identifying and loading appropriate security updates for the operating system (i.e. Microsoft XP, Macintosh, Linux, etc) or any other application software (i.e. Internet Explorer, Firefox, Email, etc) for all servers and computer workstations linked to the SJHS computer network. For Microsoft Windows this will often be the use of the auto update feature with the Windows Update Web site (<http://windowsupdate.microsoft.com>).
8. Immediately reporting potential or actual security or privacy incident to the SJHS Privacy Officer.
9. Immediately reporting employee termination or any access that should be terminated to the SJHS IT Help Desk (918-744-2179).
10. Immediately reporting access to any SJHS electronic information not permitted by this Agreement to SJHS Privacy Officer.
11. Cooperating fully with SJHS during SJHS investigations of possible security or privacy breaches.
12. Indemnify, defend and hold harmless SJHS and its officer, directors, employees and agents from and against any and all liability, loss, damage, claims or expenses of any kind whatsoever, including without limitation, reasonable attorneys' fees, costs and expert witness' fees, which may be sustained, suffered, recovered or made against SJHS by any third party which arises from or is in any way connected with the use or misuse of the above named SJHS applications/electronic information by me or any employees, agents or contractors for whom I have requested access.

I understand and agree that this Agreement survives after my association with SJHS has ended. I understand and agree that that any misuse of the confidential access code or violation of systems policies will be considered a violation of SJHS's policies and could subject me to penalties up to and including termination of access and/or disciplinary action. Specifically, I acknowledge that the information to which I may be granted access could involve confidential patient records, protected health information and other demographic information which is governed by various privacy laws. I further understand that access to this information will be routinely audited by SJHS personnel. In the event that I am accessing information for a reason other than **Business Purpose stated below**, or if it is determined I am otherwise misusing my access capabilities, my right of access may be revoked. I further understand and agree that any such violation of confidentiality provisions may subject me to disciplinary action by SJHS and/or the Board of Directors. I understand that HIPAA violations may lead to fines and imprisonment. I understand that my access to SJHS application/electronic information is limited to the listed reason for access and I agree to access the information only for the listed reason for access.

I understand that SJHS has the following responsibilities:

1. After a period of inactivity as defined by SJHS, SJHS will investigate, disable and terminate access, if applicable, to users who do not access the interconnection.
2. SJHS reserves the right to terminate access to any user at any time for any reason and will immediately terminate access to users who violate or endanger the confidentiality, integrity or accessibility of the SJHS System network.
3. SJHS does not guarantee system availability.
4. SJHS may, at its discretion, limit the amount of technical support and training provided to third parties.

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Updating, quarantining or disconnecting devices that have access to the SJHS network when they are found to be endangering the SJHS network.

6. Provide users with appropriate contact information:
SJHS IT Help Desk (918) 744-2179
SJHS Privacy Officer (918) 748-7509

THIS AGREEMENT MUST BE COMPLETED LEGIBLY AND IN ITS ENTIRETY. FAILURE TO DO SO WILL DELAY ACCESS REQUEST!

SJHS Business Sponsor Name (generally the SJHS associate who submitted the ITR): _____

Telephone Number: 918-744-2288 _____ St. John Medical Center, Medical Staff Office

Printed Name of Person Requesting Access to SJHS Information Resource: _____

Telephone Number: (____) _____ **Email:** _____

Business purpose access is requested: _____

D/O/B: _____ **last 4-digits of SSN:** _____

The D/O/B and Pin will be required to reset password

Signature of Person Requesting Access to SJHS Information Resource: _____

Date Signed: _____

Please note N/A if the information requested is Not Applicable:

Company or Practice Name: _____ **Telephone Number:** (____) _____

Fax Number: () _____

Technical or Audit Contact Name: _____ **Telephone Number:** () _____