

EMPLOYEE CONFIDENTIALITY AGREEMENT

Today's date: _____ Employee Name: _____
Please print

This document is confirmation to Advanced Imaging Center and AVREO that I am fully aware of the implications of access to the computer systems at AVREO, and the confidentiality of the information to which I have access.

I understand I must have a network/Caregate username and password to access AVREO system.

I understand that my sign-on I.D. is the equivalent of my legal signature and I will be accountable for all work done under my sign-on I.D.

I understand that the electronic data and information stored in the computer systems are confidential patient, organizational, and practitioner data or information and must be treated with the same care as data and information in the paper records.

I will not disclose my sign-on I.D. and password to anyone, nor will I attempt to learn another person's sign-on I.D. and password. In return, AVREO will not release my username to anyone.

I will not access data for which I have no responsibilities nor have a "need to know."

If I believe the security of my password has been compromised, I will immediately contact the (AIC) Help Desk at (903) 794- 9729.

I understand the misuse of my access to the AVREO computer systems and/or misuse of confidential information as outlined by HIPAA, may subject me to denial of access to the AVREO system.

NETWORK username: _____
Please print

Employee signature: _____

Employee job title: _____

Name of Department or Physician Office: _____

Reason for needing access to AVREO system: _____

Please fax back to 903-794-6116