

Children’s Hospital & Medical Center

Confidentiality and Login ID Use Agreement

I agree to abide by all federal, state and local laws pertaining to the confidentiality of medical, personal and financial information obtained in any form through my employment at Children’s Hospital & Medical Center, Children’s Physicians, or Nebraska Pediatric Practice Inc., d/b/a Children’s Specialty Physicians (Children’s). I agree to adhere to all Children’s policies and procedures adopted to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) governing the privacy, security and use of protected health information (PHI). I agree to amend this Agreement or any separate agreement as needed to comply with HIPAA, any other federal or state laws or any hospital policies or processes. I understand that failure to comply with the hospital HIPAA policies and process may subject me to corrective action including termination.

I understand that state and federal laws protect the confidentiality of patient information and that I will be personally liable for any breach of these duties and may be held criminally liable under the HIPAA regulations for intentional and malicious release of PHI.

I understand that my Children’s login ID(s) is/are the equivalent of my legal signature, and I will be accountable for all representations made at login and for all work done under my login ID(s). I further understand that I am responsible for maintaining the confidentiality of my login ID(s) and I will not share my login ID(s) with others. I understand that the electronic data and information stored in the computer systems may include confidential patient, financial, organizational and practitioner data or information and I must treat electronic data with the same care or greater care as data and information in paper records.

If I believe someone has compromised or broken the security of my login ID(s) and password, I will immediately change my password and will immediately contact the IT Helpline at 955-6700. I understand that the misuse of my access to the computer systems of Children’s, or of confidential information obtained, may subject me to corrective action including termination.

I understand that I should contact my supervisor or the Children’s Privacy Officer (955-4122) with any questions I have prior to acknowledging my acceptance of the Agreement as provided below. I further understand that by executing this document, I am also agreeing to future amendments to Children’s policies and procedures, changes to the Children’s Employee Handbook, and any changes made to future versions of this agreement.

Employee Name (Please Print) _____ Employee ID # _____

Employee _____ Signature Date _____