



ICC User Access Request Form and Confidentiality Agreement

I understand that use of ICC information systems will allow access to confidential patient information or protected health information. I agree to access and use this information only when necessary to perform job related duties in accordance with ICC's established privacy and security policies.

I further understand that I must sign and comply with this agreement in order to obtain access to ICC systems. I agree that:

1. I will keep all patient information confidential and refrain from disclosing any patient information to others, including family or friends, who do not have a need to know this information.
2. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the patient's name is not used.
4. My obligations under this agreement will continue after termination of my employment, expiration of my contract or my relationship ceases with the ICC.
5. I understand that violation of this agreement will result in revocation of all access to any and all ICC systems.
6. I will only access or use systems that I am officially authorized to access and will not demonstrate the operation or function of systems to unauthorized individuals.
7. I will practice good workstation security measures such as logging out of any applications that contain confidential information, using passwords appropriately, and positioning screens away from public view.
8. I will practice secure electronic communications by transmitting confidential information only to authorized entities, in accordance with approved security standards.
9. I will use only my officially assigned user ID and password.
10. I will never share or disclose my user ID and password.
11. I will notify my manager, security coordinator, and/or the ICC Security Coordinator immediately if my password has been seen, disclosed, or otherwise compromised and will report activity that violates this agreement or would adversely impact privacy or security rules.
12. I understand that the ICC will terminate my access to any or all ICC systems if I have not logged in to the system for a period of three months or more.

Please complete and sign next page...

