

ALAMEDA COUNTY MEDICAL CENTER

NON EMPLOYEE SECURED ACCESS CODE STATEMENT AND AGREEMENT

This Agreement between Alameda County Medical Center, hereinafter termed ACMC, and myself, in conjunction with the ACMC Information Systems Department User Logon Request Form which I have signed, is related to the issuance, proper use of, and disposition of the Secured Access Code.

As a non employee of ACMC, I _____, recognize that ACMC must protect certain information related to its patients and the public in general and agree to and understand that I hold myself responsible for the observance of all policies and procedures pertaining to the release of confidential information. I further understand and agree that the aforesaid information is vital to the success of Alameda County Medical Center business, and that through my activities and the duties of my employment, I may become acquainted with information of a confidential nature.

In view of the above and in consideration of my employment, for such length of time as employment may continue, I agree as follows:

1. In order to perform my duties, I have been provided with a secured and unique access code to use in conjunctions with the patient information systems.
 - A. I agree to and understand that my code may only be used in the performance of my duties. _____ (initial)
 - B. I agree to and understand that I will not access any patient record, other than for the professional purpose of providing patient care. _____ (initial).
 - C. I agree to and understand that I may not allow any other person(s) to use my code to access the patient information system, nor will I use someone else's code. _____ (initial).
 - D. I agree to log off the computer system upon completion of data entry. _____ (initial).
 - E. My Secured Access Code and password is equivalent to my legal signature for Clinical Documentation. _____ (initial).
2. Upon termination of my employment I will surrender the Secured Access Code and password to all ACMC Systems.
3. By signing this **NON EMPLOYEE SECURED ACCESS CODE STATEMENT AND AGREEMENT**, which I understand will be filed at ACMC. I agree to comply with this policy and I also understand that any violation, even inadvertently, will be viewed as breach of confidentiality.

IN TESTIMONY WHEREOF, I affix my signature,

EMPLOYEE SIGNATURE

DATE