CONFIDENTIALITY AGREEMENT

University Medical Group
The Multispecialty Practice of the
UMDNJ-Robert Wood Johnson Medical School

In recognition of the confidential nature of the patient records to which I have access through the IDX System I,

___________________________, understand the following:

1. I will not disclose information without proper authorization.

2. I will not permit any other individual to use my password to gain access to the above mentioned information.

3. I will file written/printed information in a secure place and/or dispose of it with proper regard for privacy and confidentiality.

4. I will not access, report on, or extract information that is not consistent with my normal job functions and responsibilities.

5. I will not discuss patient information with anyone, including other UMG employees, except as consistent with my normal job functions.

6. I recognize that a violation of the above conditions may constitute grounds for disciplinary action up to and including termination of employment.

___________________________
Signature

___________________________
Date
IDX SYSTEMS ACCESS REQUEST FORM

The following section must be completed by the Practice Manager or Administrator.

Requested By: ________________________________

First Name: ____________________ Last Name: ____________________

Dept: __________________________ Title: __________________________ Phone: __________________________

Date of Request: ___________ Effective Date of Change: ___________

Circle: Add  Deactivate  Edit

Reason for Change: __________________________ User’s Job Title: __________________________

User’s Full Name (including middle name): __________________________

PLEASE PRINT CLEARLY

User’s Work Phone #: __________________________

Date: ___________ Managers Signature: __________________________

Please Assign User Level Security:

_____ View Only User  _____ End User  _____ Super User

_____ End User with Psych access  _____ Super User with Psych access

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***Completed by UMG IT only

Date Submitted to GE: __________________________

Username: __________________________