



NON-WORKFORCE MEMBER ELECTRONIC HEALTH RECORD ACCESS
CONFIDENTIALITY AGREEMENT

You are being granted access to the CCHHS electronic medical record, Cerner, as part of an Agreement between CCHHS and _____. This Confidentiality Agreement must be signed prior to being provided a Cerner logon and password. No alterations to this Confidentiality Agreement are allowed.

Your access will expire in 1 year or the date of your termination of work with CCHHS. Annual renewal is required.

As a condition of being granted access, you are required to read and agree to these terms.

Name	FIRST	LAST
Role at CCHHS	TITLE	CLINICAL CREDENTIALS
Home Organization	NAME	ADDRESS
Your Contact Information	TELEPHONE	E-MAIL
Supervisor	NAME	TELEPHONE
CCHHS Assignment	DEPARTMENT	SUPERVISOR NAME

I understand that when accessing Cerner I have access to protected health information or confidential information about a patient.

I understand that any information that I learn about a patient, including the fact that a person is a patient, is confidential under the laws of Illinois and that information about a patient cannot be disclosed to anyone who does not have a need to know.

I understand that I am only permitted to access patient records to the extent that it is necessary to my job duties.

I understand that I may not view my own medical record. I may not use my Cerner logon to access my medical record, or that of my family members or friends or anyone, including lab or test results, except if it is part of my job.

I understand that Illinois law provides for possible civil and criminal penalties for disclosure of confidential patient information.

I understand that I will receive a unique user name and password to access the Cerner system. I understand and agree that the user name and password are assigned to me and that I may not share my user name and password with anyone. I understand that I will be held accountable for all work performed or changes made to the system or patient records under my logon and that I am not to allow anyone else access to the computer using my logon. I understand that I am not to leave the computer without logging off such that anyone else could access the system through my logon.

I understand that I must follow CCHHS policies and procedures, including but not limited to the HIS policies.

I acknowledge that I have read and agree to adhere to the IT Security Rules of Behavior.

I understand that failure to follow this Confidentiality Agreement is cause for termination of my access to Cerner and may impact my relationship with CCHHS and I may be asked to leave CCHHS.

----- Signature of Non-Workforce -----	----- Signature of CCHHS Supervisor Above -----
----- Date -----	----- Date -----

Approval of CCHHS Compliance Officer

Print Name	CCHHS Compliance Officer Signature	Date