

**KP's Electronic Information Systems User Account and Confidentiality Agreement –
KAISER PERMANENTE (KP), Northern California**

***THIS FORM IS FOR USE BY NON-KP PROVIDERS AND NON-KP EMPLOYEES WHO ARE
ENGAGED BY PROVIDER GROUPS OR HOSPITALS UNDER CONTRACT WITH KAISER
PERMANENTE TO PROVIDE SERVICES TO KP MEMBERS AND PATIENTS.***

* Non-KP Employee/Physician ID # Non-KP Employee	* Work Phone Number (###) ###-#### (pager#)	* Effective Date (mm/dd/yyyy) (Start Date)
* First Name	* Middle Name	* Last Name
* Job Title	* Location – Name of Hospital/ Facility	

This user account agreement applies to KP HealthConnect™ and all other KP electronic information systems. These systems contain medical records and other identifiable information of Kaiser Permanente members, patients and/or their family members, including diagnoses, test results and financial information which is protected by State and Federal law. With respect to my access KP's electronic information systems, I agree as follows:

Please initial each box and sign at the end

_____	1. I will protect the confidentiality of information in the KP electronic information systems as required.
_____	2. I will use the KP electronic information systems user accounts assigned to me only if and when I need the information in the KP electronic information systems to perform my work in the ordinary course of my employment or engagement in providing services to Kaiser Permanente members and patients. I will not use my KP electronic information systems user account for any personal or other purpose.
_____	3. I will safeguard and keep my KP electronic information systems user IDs and passwords secret. I understand that sharing my KP electronic information systems user IDs and passwords with any other person, <u>including co-workers or supervisors</u> , is strictly prohibited. In addition, I will not use any other person's user ID and password to access any KP electronic information systems.
_____	4. I understand that Kaiser Permanente may monitor and audit my use of the KP electronic information systems and my KP electronic information systems user accounts, and that I will be personally accountable for any actions taken using the KP electronic information systems user ID issued to me.
_____	5. I understand that the KP electronic information systems contain confidential information and proprietary materials owned by Kaiser Permanente and its licensors, such as Epic Systems Corp., and agree that the information and materials available in the KP electronic information systems do not belong to me.
_____	6. I will not share or exchange any confidential information with other personnel working at my hospital or facility unless it is required for me to perform my work. If any such sharing or exchange is required, I will follow the correct

_____	department procedure and the instructions of my supervisor/chief of service (such as shredding confidential papers).
_____	7. If I receive a request or demand from any person or organization other than my employer or Kaiser Permanente for confidential information or access to the KP electronic information systems, I will promptly notify my supervisor and Kaiser Permanente.
_____	8. I will not print, transmit, download, transfer or make copies of any information, software or screen shots accessed in the KP electronic information systems, except for copies required to document the treatment of Kaiser Permanente members or patients in the medical record maintained by my employer or in the financial records maintained by my employer to obtain payment for such treatment services.
_____	9. I understand that my failure to comply with these obligations may result in the revocation of my KP electronic information system user account and other actions by my employer or Kaiser Permanente.
_____	10. On termination of my employment or engagement, I will return to Kaiser Permanente my KP electronic information systems access token and all copies of documents containing Kaiser Permanente's confidential information in my possession or control.
_____	11. I have completed my institution's Privacy and Security Compliance training and agree to abide by my institution's Privacy and Security Policies and Procedures as they apply to KP's confidential information.

By signing below, I am indicating that I have read, understand and agree to all these obligations.

Signature: _____ Date: _____