



**SYSTEMS ACCESS AND CONFIDENTIALITY AGREEMENT**

**Student/Instructor Access**

Security, data integrity and confidentiality are matters of concern for all persons who have access to General Health Systems (GHS) information systems. Measures must be taken to ensure that any such computerized systems in use at GHS and where applicable, GHS off-site subsidiaries and affiliates can only be accessed by authorized users. As an authorized user of the GHS information systems, you have a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information.

As a condition to receiving access to information, I, **(Please Print)** \_\_\_\_\_  
the undersigned, understand and agree to comply with the following items: First Name Middle Initial (Required) Last Name

1. Privileges granted to Students must be granted for periods of one school session. Students must have their privileges reauthorized by the sponsoring department head every school session.
2. An authorized network and/or application ID and password are required for computer user access to all Information Services controlled computer resources. Each ID must be directly identifiable to a specific individual, who is accountable for all actions traceable to that ID. Each individual assigned or given responsibility for an ID is sole owner of that.
3. Regardless of the circumstances, passwords must never be shared or revealed to anyone else besides the authorized Student. To do so exposes the authorized Student to responsibility for actions that the other party takes with the disclosed password. All passwords must be immediately changed if they are suspected of being disclosed, or known to have been disclosed to anyone besides the authorized Student.
4. You will be held accountable for any/all security violations traceable to your ID/password. Audit logs of access, and system messages may be admissible as evidence should litigation occur.
5. When providing computer networking services, General Health System does not provide default message protection services such as encryption. Accordingly, no responsibility is assumed for the disclosure of information sent over General Health System networks and no assurances are made about the privacy of information handled by General Health System's internal networks. In those instances where session encryption or other special controls are required, it is the vendor's/contractor's responsibility to make sure that adequate security precautions have been taken. Nothing in the paragraph should be construed to imply that General Health System policy does not support the control dictated by agreements with third parties (such as organizations which have entrusted General Health System with confidential information).

**Additional Comments:** \_\_\_\_\_

\*\* Please provide last four social security for processing.

**USER REQUESTING ACCESS – PLEASE COMPLETE THIS SECTION:**

User Signature: \_\_\_\_\_

SSN: \_\_\_\_\_ (Last four only)

Name of School: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: (SN, Faculty RN, LPN,) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**GHS DESIGNATED REQUESTER – PLEASE COMPLETE THIS SECTION:**

Requestor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Requestor Name (printed) \_\_\_\_\_