Cincinnati Children’s Hospital Medical Center’s (“CCHMC”) Confidentiality and Network Access Agreement

STATEMENT OF POLICY

It is the legal and ethical responsibility of all CCHMC Information System Users to use personal and confidential patient, employee and CCHMC business information (referred to here collectively as “confidential information”) in accordance with the law, CCHMC polices including the Code of Conduct, and to preserve and protect the privacy rights of the subject of the information.

Laws controlling the use, disclosure and maintenance of confidential information include, but are not limited to, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). This and other laws apply whether the information is maintained in electronic or any other form, and whether the information is used or disclosed orally or in writing. CCHMC policies that control the way confidential information may be used are located at https://login.research.cchmc.org/pub/policies.aspx. It is your responsibility to review and assure your compliance with these requirements.

Confidential information includes Protected Health Information, Employment Information, Business Information and Education Information. Please review CCHMC policy E-100 “Confidentiality and Management of Information” for examples of confidential information.

ACKNOWLEDGMENT OF RESPONSIBILITY

I understand and acknowledge that:

It is my legal and ethical responsibility as an authorized user to preserve and protect the privacy, confidentiality and security of all confidential information collected, created or maintained by CCHMC, in accordance with the law and CCHMC policy.

It is my legal and ethical responsibility to ensure that all confidential information I access is required for the particular purpose for which I am accessing, disclosing or using it. This includes assuring that research activities involving human subjects has a valid protocol approved by CCHMC’s Institutional Review Board before accessing, disclosing or using such confidential information.

I agree to access, use or disclose only the confidential information needed to perform my job duties, when required or permitted by law, and to disclose information only to persons who have the right to receive that information. When using or disclosing confidential information, I will use or disclose only the minimum information necessary.

I agree that for any data that is not CCHMC originated or obtained (i.e., generated as part of research outside of CCHMC), I will ensure that the data was compliantly obtained for the particular study for which it is to be used. I understand that CCHMC is not responsible for ensuring the proper collection of the data and is only providing application hosting, infrastructure and security services for protecting information within applications hosted by CCHMC.

I have read and agree to abide by CCHMC’s Minimum Security Controls Standards for Access, Storage and Handling of Protected Health Information (“PHI”) including encryption at rest or in transit. I will abide by all CCHMC policies and procedures relating to confidential information including CCHMC Privacy & Security Policy PS-01(Safeguards) and PS-02 (Breach Notification) and acknowledge my responsibility to report any actual or suspected Breaches of Unsecured PHI to the CCHMC Integrity and Compliance Program (513-636-5555) no later than 2 calendar days after knowledge of such event.

I will use only CCHMC approved devices for confidential information and protect those devices with the most current versions of security software and up-to-date security patches. When I transmit confidential
information within or outside of CCHMC networks, I will use encryption or another approved secured transmission technology, such as ZIX or FTP, in accordance with CCHMC policies and procedures.

I agree to discuss confidential information only for valid job-related purposes. I will not knowingly discuss any confidential information within the hearing of other persons who do not have the right to receive the information. I agree to protect the confidentiality of any confidential information which is disclosed to me in the course of my relationship with CCHMC.

I understand that mental health records, drug abuse records, and any and all references to HIV testing, such as clinical tests, laboratory or otherwise, used to identify HIV, a component of HIV, or antibodies or antigens to HIV, are specially protected by law and require specific authorization for release. I will assure I have such authorization before release or disclosure.

I understand that my access to all CCHMC electronic information systems is subject to audit and security requirements in accordance with CCHMC policy.

I understand that it is my responsibility to follow safe computing guidelines. To this end, I agree not to share my Login or User ID and/or password with any other person and that any access to CCHMC electronic information systems (including mobile devices or other computing devices personally owned by me) made using my Login or User ID and password is my responsibility. If I believe someone else has obtained or used my Login or User ID and/or password, I will report the use to the CCHMC Integrity and Compliance Program as soon as possible and in no case later than 2 calendar days after the event.

I understand that my User ID(s) and acceptance of this agreement constitutes my signature and I will be responsible for all entries made under my User ID(s).

I understand that under provisions of the Federal HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996, and/or any of CCHMC’s policies and procedures related to confidential information or any state or federal laws or regulations governing confidential information or violation of confidentiality may subject me to legal and/or disciplinary action up to and including immediate termination from my employment/professional relationship with CCHMC, termination of my access to CCHMC networks, fines and imprisonment. Violation of Local, State or Federal statutes may carry the additional consequence of prosecution under the law. In addition I understand that I may be personally liable for harm resulting from my breach of this Agreement.

I have read and agree to abide by the above STATEMENT OF POLICY AND ACKNOWLEDGEMENT OF RESPONSIBILITY.