

Confidentiality Agreement for Access to the Clinical Data Repository

I understand that I am being granted access to the Clinical Data Repository (“CDR”) maintained by Wisconsin Integrated Information Technology and Telemedicine Systems, L.L.C. (“WIITTS”). The CDR is a database used to store clinical information, including Protected Health Information (“PHI”), for the contributing members of WIITTS. The contributing members are: Dean Health Systems, Inc.; Dean Health Plan, Inc.; Dean Retail Services, Inc.; Dean Foundation for Health, Research and Education, Inc.; SSM Health Care of Wisconsin, Inc. (including St. Marys Hospital, Madison, Wisconsin, and St. Clare Hospital, Baraboo, Wisconsin); and St. Marys Dean Ventures, Incorporated.

Because I have been approved for access to the CDR, I understand and agree to the following:

1. I will protect the privacy, confidentiality and security of the PHI accessed from the CDR in accordance with federal and state privacy regulations;
2. I will comply with the privacy, confidentiality and security policies of WIITTS and any WIITTS contributing member organization with whom I am working; and
3. I will comply with the privacy, confidentiality and security policies of my own employer or the school training program with which I am affiliated.
4. I will only access and use PHI that is reasonably necessary for me to perform the duties required of the specific CDR access request.
5. I will not in any way divulge, copy, release, sell, loan, alter or destroy any PHI except as properly authorized by the policies of the contributing entity.
6. I will not electronically transmit PHI in a manner that is not secure.
7. I will not misuse or negligently care for PHI. At all times during my employment I will safeguard all PHI and will not attempt to gain access to information for which I am not authorized. Where my authorized uses or communications of PHI result in incidental disclosures, I will use appropriate safeguards to minimize the degree of these incidental disclosures.
8. If my employment is terminated during the course of my access to the CDR or my participation ceases in the school training program with which I am affiliated, I will return all accumulated PHI to my employer.
9. I will safeguard and will not disclose my access codes, passwords or any other authorizations I may have that allow me to access PHI. I will accept responsibility for all activities performed under my access codes, passwords or other authorizations.
10. I will not use the access codes and passwords of another individual to access PHI.
11. I will be responsible for any misuse, wrongful disclosure or failure to safeguard PHI as a result of my actions or behavior.
12. I will not access my own medical information.
13. I understand that my activities and access to the CDR may be monitored and audited.
14. I acknowledge that my failure to comply with this Confidentiality Agreement may result termination of access to the CDR, as well as disciplinary actions imposed by my employer, which may include termination of employment or imposed by the school training program with which I am affiliated. I also acknowledge that I and/or my employer may be subject to civil or criminal penalties as described by federal / state law.
15. I understand my responsibility to report to my employer any inappropriate access, use or disclosure of PHI that I observe or of which I become aware.

Signature of Person Receiving Access: _____

Print Name of Person Receiving Access: _____

Job Title _____

Name of Employer / School _____

Date: _____

Please send signed confidentiality form to: via e-mail Security.administrator@deancare.com or mail to: DHS/WIITTS Shared Services 1802 W. Beltline HWY Madison, WI 53713