

**PHYSICIAN CONFIDENTIALITY AGREEMENT REGARDING ACCESS TO
ELECTRONIC MEDICAL RECORDS**

Upstate Carolina Medical Center is committed to protecting the privacy and security of individual identifiable health information and other protected health information of a confidential nature for the hospital organization. Information pertaining to patients and other sensitive information must be held in strict confidence.

I hereby acknowledge that I have been given access to the Hospital Information System for Upstate Carolina Medical Center to view and/or print patient information via the Internet from the HMA web site. The User ID will provide access to my patient's Electronic Medical Record, (EMR) which includes demographics, lab, medications, transcription, and radiology information and I understand that this is for my use only and will be in my possession only.

Name of Practice: _____

Physician Name: _____ (Print Full Name)

Name of Authorized Employee to Use System: _____ (Print Full Name)

Please provide your E-mail so we can send you information for future reference.

E-mail Account: _____

I further acknowledge the following:

(A) Practice shall include any physician (hereafter referred to as "physicians") practicing within the undersigned physician group, who is a member in good standing of the Hospital Medical Staff, and has privileges approved by the Hospital, and all employees (hereafter referred to as "physician authorized representative") authorized by a physician in said group to have access to the EMR under the terms and conditions of this Agreement.

(B) The Practice is allowed access to medical records of patients for whom its physician(s) is/are either the attending physician(s) of record, consulting physician(s) of record, covering physician of record or the patient's primary care physician of record. The Practice agrees not to attempt to access any medical records of patients for whom its physician(s) is/are not physician(s) of record.

(C) The only individuals who are authorized to have access to the EMR described in (B) above, are physicians and physician authorized representatives who are employed by the Practice and who have signed this Confidentiality Agreement. The physician-authorized representative must be designated by a physician member in the Practice, and shall only be entitled to access the EMR while in the employ and under the direct supervision of the physician practice member for whom the individual is the authorized representative. Access to the EMR is limited to authorized persons with a need to know, to the extent necessary, to perform their patient care related duties.

(D) The physician and physician-authorized representative can access medical records by using an individual identification number that will be assigned to him or her. The Practice understands that when an authorized individual's identification number is used to gain access to an EMR, the identification number, time of access, and the name of the patient whose medical record was accessed will be recorded. All individual authorized employees who have access to the EMR will be assigned an individual password in order to access medical records. The Practice will not authorize any other individuals to have access to the EMR or for individuals to use a password not specifically assigned to that individual.

(E) The computer sign-on password is the personal code of the physician or authorized employee of the physician. It is understood that this password will be changed on an every 90-day basis.

