



INFORMATION SECURITY AND CONFIDENTIALITY AGREEMENT

Occupational Health Internet-OccLink Access Request

I understand that patient information (demographic, clinical, and financial) is to be considered confidential. Additionally, business information (operation, system, service, cost charges, reimbursement,) may also be considered confidential.

When I am unsure whether or not particular information shall be considered confidential, it is my responsibility to consider the information confidential and treat it as such.

It is my responsibility to take reasonable precautions in an effort to protect all patient information from unintentional or unauthorized inquiry, update, alteration, destruction, or removal. Examples are: by not sharing my password, or ensuring that I log off the system when not in use.

It is my responsibility to maintain the confidentiality of the information encountered during my authorized use of Community Health Network, Inc. information systems or any information system resource owned or maintained by Community Health Network, Inc..

I shall be held accountable for my own use and prudent distribution of all confidential information in either electronic or hardcopy medium.

I am aware and understand that detailed guidance can be obtained from the Information Security department within the Community Health Network. Any compromise or suspected misuse of the systems owned or maintained by Community Health Network can be reported via email (ITSecurity@eCommunity.com).

I understand that failure to provide information safeguards and/or maintain confidentiality can result in personal liabilities and/or the termination of any current relationship between my employer and Community Health Network, Inc.

I wish to be granted access to the following patient information sections within the Occ-Link product:

- Drug Testing (Alcohol Testing results are in Physical Exam Section)
- Physical Exam (Includes Alcohol Testing results)
- Workers' Compensation – Initial/Follow-up
- ALL

Requestor Name (Please Print)

Company

Address, Street, City & Zip Code

Phone, include area code

Department

Email address

Requestor Signature

Date

Occupational Health Authorization Signature

Date

Please fax completed form to: 317.887.7664