

**ECU PHYSICIANS'
ELECTRONIC HEALTH RECORD USAGE AGREEMENT**

Security, confidentiality, and data integrity are matters of concern for all persons who have access to East Carolina University Physicians Electronic Health Record (ECUP EHR). Each person who accesses ECUP EHR must recognize these responsibilities and be entrusted in their preservation. Therefore, before being given ECUP EHR access, all authorized persons must read and comply with this usage agreement and applicable ECUP policies. The following security, confidentiality, and integrity principles of the ECUP EHR's are applicable to the ECU Physicians, Brody School of Medicine staff, faculty and students, who are authorized to access ECUP EHR.

I will:

- Not release my ECUP EHR password (electronic signature/authentication device where applicable) to anyone or intentionally allow anyone to access or alter information under my identity.
- Not utilize anyone's user identification or password to access ECUP EHR or alter information.
- Exit the EHR to the log on window prior to leaving the workstation.
- Understand that the information accessed through ECUP EHR contains sensitive and confidential patient information that should only be disclosed to those authorized to receive it.
- Respect the privacy and rules governing the use of confidential information accessible through ECUP EHR and only utilize such information to perform my legitimate job duties and will report any such suspected violations.
- Not divulge, copy, benefit personally, alter/destroy, or remove any ECUP EHR information, either electronically or hard copy, from these premises except as properly authorized within the scope of my professional duties.
- Understand that all access, attempts to access, and accomplishment of specific functions will be monitored (e.g. entry and authentication of information, access to records identified as sensitive, accumulation of unsigned documents, etc.).
- Understand that the authentication (electronically signing) of documents within ECUP EHR will be treated as a written signature with all the ethical, business, and legal implications associated thereof.
- Not affix an electronic signature without authorization.
- Respect the confidentiality of any reports containing patient information printed from ECUP EHR; and handle, store, use and dispose of these reports appropriately.
- Understand that I have no right or ownership interest in information within ECUP EHR; that my User Identification and Password may be revoked at any time; and I will, through my supervisor, notify Health Information Services of my termination of employment or permanent change of job duties.

Violators of this Agreement and other relevant policies may be subject to disciplinary actions according to the East Carolina University, Brody School of Medicine policies, and under the State of North Carolina laws.

I have attended an ECUP EHR Orientation session and received ECUP EHR reference materials. By signing this, I agree that I have read, understand, and will comply with this Agreement and its associated policies.

Print Employee's Name: _____ Title: _____

Employee's Signature: _____ Date _____

Department: _____

For ECUP EHR Administrator only:

User ID: _____ Activate Date: _____ Deactivation Date: _____

Trained: . Orientation . Individual **Date:** _____ **Trainer:** _____

ECUP EHR Role: _____

COMMENTS: _____