




THIS IS INFORMATIONAL ONLY – All colleagues are required to sign this via Epic in order to gain access. This must be signed upon first login to Epic or access to Epic will be denied.

EPICCARE LINK USER TERMS & CONDITIONS

I understand the following terms and conditions apply to my use of EpicCare Link as provided through Hospital Sisters Health System (“HSHS”):

1. I will not share my user ID or password with anyone.
2. If I have reason to believe that the confidentiality of my user ID or password has been compromised, I must promptly change my password if I am able to and immediately notify the HSHS Information Services Help Desk (HelpDesk@hshs.org). If I am unable to change my password, I will notify the HSHS Information Services Help Desk so that the password can be deleted and a new one assigned.
3. I will not attempt to learn another person’s user name or password, nor access any information with another user’s password.
4. All data residing on EpicCare Link, including messages belongs to HSHS and/or its affiliates, and as such, I have no expectation of it being private only to me.
5. I will not access information which I have no legitimate need to know or for which I am not an authorized user. This includes not accessing my own, my family’s, or co-workers medical record or account information at any time (unless job related). This also means that patient information may not be released to anyone without a patient’s written consent or as required to comply with State and Federal regulations, nor any information contained in a patient’s record be read or discussed without having a legitimate job related purpose.
6. I will not communicate patient, business, or employee information to unauthorized persons.
7. I may have additional responsibilities for following special procedures and for protecting patient confidentiality in any systems that I have access to that are shared with HSHS and/or its affiliates.
8. I will safeguard the confidentiality of protected health information from intentional or unintentional unauthorized access, modification, destruction, or disclosure. If I identify unauthorized access or find information that is incorrect I must notify my supervisor and/or the HSHS Division (Western Wisconsin) Privacy Officer, Teresa Hernandez (Teresa.Hernandez@hshs.org or phone: (715) 717-3755).
9. I will log out of computer applications and lock my workstation when I leave the immediate area of the computer (To lock your workstation: On the keyboard, click and hold the windows key  and click “L”).
10. EpicCare Link shall only be used to access information for patient care and authorized business purposes.
11. I will not use, access, or post any confidential patient or proprietary information to any social networking site, including Facebook, MySpace, LinkedIn, Twitter, or any similar program.
12. Any violation of the above statements may result in revocation of access and when applicable, disciplinary action up to and including termination of access, Medical Staff appointment, or Allied Health appointment. I understand that I may be subject to criminal and civil prosecution in the event that I circumvent system security, breach confidentiality, access inappropriate material, intentionally damage data or systems, or allow my user ID/password to be used to do any of the above. My access to the above computer systems will be revoked in the following instances: (1) upon termination of my position; (2) when access is no longer applicable to my position; (3) upon completion of my duties which required access; or (4) access suspension at the sole discretion of the HSHS Information Security Officer upon investigation of potential violation of these Terms and Conditions (5) or access termination upon the recommendation of the HSHS Division (Central Illinois) Privacy Officer following investigation of violation of the Terms and Conditions.

EpicCare Link Contracting Party: _____

User Signature: _____ **Date:** _____

Print Name of User: _____