



Non-St. Luke's Employee CONFIDENTIALITY AND NETWORK ACCESS AGREEMENT Version 2.0

I understand that I may have access to St. Luke's confidential information (defined below). I understand that this access is a privilege and is limited by the terms of this agreement. I agree to follow the terms of this agreement at all times. I know if I break this agreement, I will be subject to disciplinary action.

"Confidential information" includes all information, in all formats:

1. Related to patients;
2. About St. Luke's that is not available to the general public;
3. About companies or people working with St. Luke's that is not available to the general public; and 4. About St. Luke's employees.

What you are agreeing to:

1. I will not use confidential information in any way that may harm St. Luke's, its patients or its employees.
2. I will only access, use, and share confidential information as allowed and as required to perform my job duties.
3. I will only share confidential information with people who have to follow this agreement and/or who need the information to do their jobs.
4. I agree not to change software or to use software except as needed by St. Luke's.
5. I will not access, use or share confidential information for personal reasons or for any purpose not allowed by St. Luke's, including information about co-workers, me, family members, friends, neighbors or celebrities.
6. I understand that I will be given a username and password and that they are the same as my legal signature. I will not share my username or password with anyone. I will not let anyone use a computer without me there when I am logged in.
7. I will not try to learn or use someone else's password.
8. If I think someone else knows my password, I will change my password and contact the Information Technology Department right away.
9. I will protect all confidential information by:
 - a) Not leaving paper records where unauthorized people may view them;
 - b) Using password protection, screensavers, time-outs or other security measures to secure my workstation or other device when I am away;
 - c) Disposing of confidential information in a way that will prevent a break in confidentiality.
10. I will follow state and federal laws and regulations, this Agreement and St. Luke's policies and procedures which relate to my access to, or use of, confidential information, including off-site (remote) access.
11. I understand that St. Luke's monitors activity within St. Luke's network(s), including all computers and applications that use the St. Luke's network. My use of the computers and applications on the St. Luke's network(s) is subject to monitoring by St. Luke's at any time for any reason. 12. If it is determined that I violated this agreement, my access may be limited, suspended or terminated and I may be subject to disciplinary action, up to and including immediate termination by my company. I may also be subject to civil and/or criminal penalties. 13. If my relationship with St. Luke's ends for any reason, I agree to return and/or destroy all confidential information. I will also return all computer hardware (laptops, PC's, USB thumb drives, cables, PDA's, etc.) and software that I have which belongs to St. Luke's.
14. Even after I leave St. Luke's I understand that I may not use or disclose confidential information.
15. If I manage others, and a person I supervise no longer needs access to confidential information, I agree to follow the process at my site for removing this access.
16. I agree to report when confidential information is not accessed or used appropriately. These events should be reported to the Privacy Officer where the event occurred.
17. Nothing in this agreement is intended to or will be interpreted to prohibit the discussion of wages or other terms and conditions of employment with other employees or individuals.



Confidentiality Network Access Agreement Request Form

Please send to your St. Luke's Health System contact or sponsor

Any Incomplete or Illegible Form will NOT be Processed

LAST NAME		FIRST NAME		MIDDLE INITIAL
EMAIL (must be unique to the user)			Phone	
SSN# – Last 4 digits <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Job Title	
Company Name			Company Address	
TYPE OF REQUEST				
<input type="checkbox"/> NEW Access			<input type="checkbox"/> DELETE Access	
TYPE OF USER				
<input type="checkbox"/> SLHS Contractor, Vendor, or Volunteer <input type="checkbox"/> External Clinics: Non-Privileged Providers & Staff <input type="checkbox"/> SLHS Temporary Employee <input type="checkbox"/> Insurance Payor / Provider <input type="checkbox"/> Privileged Provider <input type="checkbox"/> Other User Type				
REQUESTING NEW ACCESS				
Requests for access - Must be submitted using the IT Access Request form by your SLHS contact - The request will not be processed if there is not a completed CNAA form. - Must be for an entity that is already an approved entity to access SLHS				
** ST. LUKES USE ONLY **				
- SLHS Contractors, Vendors, and Volunteers: List an approving SLHS Manager or their Delegate - Privileged Providers: Input your SLHS Provider ID Number in the Approving Contact Name box - Clinical Staff & Non-Privileged Providers: List a Privileged Provider for access to Quickchart and/or HRSD - Other Users: List your Office Manager, Supervisor, or an Approving SLHS Manager or their Delegate				
St. Luke's Approving Contact Name			St. Luke's Approving Contact Email	
Notes				

I have reviewed the "Non-St. Luke's Employee Confidentiality and Network Access Agreement" Version 2.0 and have been given enough time to ask questions about it. My signature below means that I have read, understand, and agree to follow the terms as a condition of my association with St. Luke's.

Signature

Date _____

*** User Agreement is valid 1 year from date signed**



Sponsor Contact List

User Group	St. Luke's Sponsor	Email	Fax
Independent Clinic (MD, DO, NP-C, PA-C)	Physician Liaison Program	physicianliaison@slhs.org	208-493-0398
Independent Clinic (Chiropractic, Physical Therapy, etc.)	EpicCare Link Team	epiccarelink@slhs.org	208-493-0398
Post-Acute Care Facility	Physician Liaison Program	physicianliaison@slhs.org	208-493-0398
Volunteers	Department Manager	Use managers contact information	
Department Contractor	Department Manager	Use managers contact information	
Regulatory Surveyor	Accreditation Jodi Brewster – Treasure Valley Jon Scallan – Magic Valley		208-814-0052
All Other Requests (All hospital & clinic locations)	HIM	roiteam@slhs.org	208-381-2438