



APPROACH SIGN-ON CONTRACT

This section to be completed by User

Employee Surname	Employee First Name	Employee Number
Facility Name	Region #	Supervisor

CONFIDENTIALITY

APPROACH recognizes and supports a patient’s right to privacy in relation to his/her health information. All staff is expected to treat patient information as confidential. Staff are to adhere to the privacy and security guidelines outlined at their site and as outlined in the APPROACH Confidentiality Policy.

It is the policy of APPROACH that patient health information contained in the APPROACH database is to be accessed and/or used only by those personnel authorized to do so.

Passwords are used to protect the confidentiality of computerized patient information and to prevent access by unauthorized personnel.

Staff at the Hospitals

Any employee and/or member of the medical staff who willfully accesses and/or uses any data or security codes contained in APPROACH without proper authorization or who disclose such data or security codes to unauthorized personnel will be subject to disciplinary action including suspension and dismissal.

Persons Not Employed by the Hospitals

Any person not employed by the Regional Hospitals in Alberta who willfully accesses and/or use any data or security codes contained in APPROACH without proper authorization and who discloses such data or security codes to unauthorized personnel shall be subject to pertinent civil or criminal penalties.

Anyone who is aware of any person violating this policy must contact APPROACH at 403-210-7445 (Calgary) or 780-407-6013 (Edmonton) as soon as possible.

I, the undersigned, acknowledge receipt of my APPROACH sign-on code and understand that:

1. My password is the equivalent of my signature.
2. I will not disclose this password to anyone.
3. I will not attempt to learn another person’s password.
4. I will not attempt to access any unauthorized information via the APPROACH database; nor will I make any unauthorized use of information in the APPROACH database.
5. I will not attempt to access information in the APPROACH database by using a password other than my own.
6. If I have reason to believe that the confidentiality of my password has been broken, I will contact the APPROACH staff for a new one.
7. I will protect the patient’s right to the confidentiality of his/her medical information and understand that any patient who suspects access abuse will be free to request a listing of all individuals, including their role and location, who have accessed their file over a specified period of time.

I understand that any violation of the above statements will result in immediate suspension of my Password privileges and that I may be subject to further disciplinary action.

I further understand that my password will be deleted from the system as soon as I leave my employment/position at the Health Region; should I be re-employed/reinstated at the Region and require another password, a new code will be issued at that time.

_____ Date

_____ Signature of User

_____ Date

_____ Signature of Issuer