

Physician Link Account Setup

Last Name

First Name

Middle Initial

Security Agreement

When using token to access CPMC systems I am acknowledging an understanding of and a willingness to abide by CPMC's confidentiality and information security policies. Specifically, I acknowledge that:

- All information stored on, or obtained from, CPMC systems remains the property of CPMC unless otherwise stipulated in writing, and shall be accessed and utilized in accordance with CPMC Privacy and Security Policies.
- I will not allow others to use my token to access CPMC's information or systems.
- If the token is lost or damaged, I will contact the Help Desk at 415-600-7000.
- If my current role or association with CPMC and Sutter Health changes such that I am no longer authorized access to the information made available by the token, I agree to relinquish it to CPMC IT by obtaining instructions from the Help Desk at 415-600-7000.
- In the event that IT Security or management personnel within CPMC suspects a possible breach of security associated with a users account, they may, without prior notification to the account holder, suspend privileges associated with that account.
- All system access will be monitored and logged in accordance with CPMC and Sutter Health policy.
- I understand that I may have access to protected health information that is confidential and may not be disclosed except as permitted or required by law.
- I understand that I am committed to protect and safeguard from disclosure all confidential information regardless of the type of media on which it is stored (e.g. paper, micro-fiche, voice tape, computer systems).
- I agree that I will not disclose any confidential information from any record or information system to any unauthorized person.
- I have received training on HIPAA and my organization's Privacy Policies as required by 45 CFR § 164.530(b)(1).
- I UNDERSTAND I AM ACCOUNTABLE FOR ALL ACTIONS AND EVENTS RESULTING FROM THE USE OF THIS TOKEN.
- This agreement supersedes any prior agreements for information systems remote access participation.

I have carefully read the agreement above and acknowledge with my signature acceptance of the terms listed and agree to abide by them. Upon receipt of token (Serial Number _____), I understand the token is the sole property of CPMC and Sutter Health and is Non-Transferable. Replacement costs for lost or damaged tokens are the responsibility of the individual and I will be assessed the current replacement cost for its replacement.

Signature:

Date:

Application Approval:

I certify this employee, affiliate, or contractor is a bona fide representative of the organization indicated below under my supervision and has a valid business reason for this request. I further verify that, if applicable, a Business Associate Agreement has been signed. He/She is duly authorized by me to secure access to the CPMC System(s) outlined above. As the sponsoring physician, I agree to notify CPMC Help Desk (415-600-7000) immediately if the staff member's affiliation with my practice is terminated, so that access to the system can be terminated. In addition I agree to obtain the token and return it to CPMC.

Approving Physician Signature:

License #: *(last 5 digits only)*

(not required if you are the requesting physician)

Print Approving Physician Name:

Date:

(not required if you are the requesting physician)

CPMC IT USE ONLY

User Name	Token Serial #	Date Token Issued	Accessible Applications	Denied Applications
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