



Patient Information Access and Confidentiality Agreement

As a QRRO Clinical Data Abstractor with privileges at Healthcare Facilities, you may have access to what this agreement refers to as "confidential information." The purpose of this agreement is to help you understand your duty regarding confidential information.

Confidential information is valuable and sensitive and is protected by law (HIPAA) and by strict Healthcare Facility policies. The intent of these laws and policies is to assure that confidential information will remain confidential - that is, that it will be used only as necessary to accomplish the organization's mission. As a QRRO Research Associate, you are required to conduct yourself in strict conformance to applicable laws and the Healthcare Facility's policies governing confidential information. Your principal obligations in this area are explained below.

As a QRRO Clinical Data Abstractor, you understand that you will have access to confidential information which may include, but is not limited to, information relating to:

- Patients/members (such as records, conversations, admittance information, patient/member financial information, etc),
- Healthcare Facility information (such as memos, communications, etc.)

Accordingly, as a condition of and in consideration of your access to confidential information, you agree that:

You will use confidential information only as needed to perform your legitimate duties as a QRRO Clinical Data Abstractor affiliated with the Healthcare Facility.

This means that:

- You will access and use patient information only in connection with the QRRO research study that has received IRB and/or Privacy Board Waiver of Authorization approval.
- You will keep confidential all patient information to which you gain access.
- You will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of your professional activities affiliated with the Healthcare Facility.
- You will not discuss patient information in public places or outside of work.
- You will take all necessary precautions to ensure that the access and handling of patient information are conducted in ways that protect patient confidentiality to the greatest degree possible which will include:
 - You will safeguard and not disclose your access code, User ID, and/or password or any other authorization that allows you access to confidential information.
 - You accept responsibility for all activities undertaken using your access code, User ID, and/or password or any other authorization.
 - You will not request access to or use any other person's passwords or access codes.

I understand that it is my obligation and responsibility to maintain the confidentiality of all patient information. I understand that any violation of confidentiality as outlined in this agreement will result in disciplinary action, which may include, but is not limited to, loss of access to patient confidential information, loss of system access privileges and/or loss of ability to do business with the Healthcare Facility.

My signature below indicates that I have read, understand and agree to abide by the HIPAA Patient Privacy Rules and the **Patient Information Access and Confidentiality Agreement** and agree to be bound by them.

Signature: _____ Date: _____
QRRO Clinical Data Abstractor

Printed Name: _____