

Cohort Discovery UC Davis Health Confidentiality Agreement

As a user of the UCDH Cohort Discovery system, I hereby acknowledge that I received instruction in the proper use of this system. I understand that access and use to this system is strictly related to my official duties and role at UC Davis Health. I will only access the minimum necessary information to satisfy my job role or need of data.

I understand that my user ID is recorded when I access electronic records and that I am the only one authorized to use my user ID.

I agree not to share my password with any other individual or allow any other individual to use the system once I have accessed it. I understand that I may have my password changed at any time by the system administrator.

Per UCDH Policies and Procedures 1309, Information Security and Access and 2454, Employee Access to Protected Health Information (PHI) I will not access or release data without proper authorization or authority. UCDH performs audits and reviews records to identify inappropriate access. I understand if I access, use or disclose information inappropriately, this will be reported to state and federal agencies, as required by law. Additionally, state agencies may impose personal fines or penalties to individuals who inappropriately access or release identifiable information.

As an employee of the UC Davis Health, I acknowledge that I am subject to corrective action up to and including dismissal as a result of violating the University's privacy or security policies.

If I have reason to believe the confidentiality and security of my password have been compromised or I suspect a breach of identifiable data, I will immediately report this information to the system administrator and my supervisor.

I understand I am responsible for keeping my security code (password) secure and confidential.

All fields must be completed.

Name (Last/First/Middle): _____

Employee ID Number: _____

Contact (phone): _____ **Contact (e-mail):** _____

Title: _____

Department: _____

Kerberos ID: _____ **Citrix ID:** _____

Signature: _____ **Date:** _____