

Information Security/Confidentiality Agreement for the RPICC Web-Based Data Reporting System Version 3.0

****All RPICC Web-Based Data Reporting System users must complete this agreement prior to obtaining access, and whenever level of access changes.****

RPICC Center Number: _____ **Update for current user** ___ **New user** ___

One of the most important responsibilities of the Regional Perinatal Intensive Care Centers Program (RPICC) is to protect and maintain the security, integrity and confidentiality of the information collected about eligible children and their families. All individuals and providers have the right to expect that all communications and other records pertinent to an individual's health, including source of payment for treatment, will be treated in a secure and confidential manner. Specific laws relevant to these issues include, but are not limited to, Health Insurance Portability and Accountability Act of 1996 (HIPAA), Florida Statutes (FS) 394.4615 (Mental Health Records), FS 397.501 (Substance Abuse Treatment), FS 381.004 (HIV-AIDS), FS 415-5055 (CPT), 316-1932, and .1933 (Blood Alcohol) and FS (supplement 1996) chapter 815: Computer Related Crimes.

1. I understand that the following login/password policy has been established to maintain on-line computer system security, and that my access will be audited periodically. This policy is in addition to any other information security/confidentiality policies that may be in place at my local RPICC Center/Hospital. I agree that:

- o I will **only** access the system with my assigned ID and password.
- o I will **not** reveal or loan my password to another person other than the designated Data Custodian at my local RPICC or the RPICC Web-Based Data Reporting System Center (Technical Support).
- o I will **not** leave a terminal unattended while signed on to confidential data, and will use a screensaver password where appropriate.
- o I will report any violation of the security system immediately to my supervisor and the designated Data Custodian at my local RPICC Center.
- o I will only use my access to perform my job function. All data that I enter into the RPICC Web-Based Data Reporting System will, to the best of my knowledge, be a true and accurate documentation of the services represented.
- o I will immediately notify my supervisor and/or the designated Data Custodian at my RPICC Center when and if I am no longer authorized to access the RPICC Web-Based Data Reporting System due to termination of employment or contract.
- o I understand that I am responsible for any breach (accidental or otherwise) of the security and/or confidentiality of information that may be stored or reported from the RPICC Web-Based Data Reporting System under my login ID/Password.

- 2. I understand that failure to comply with the confidentiality laws and security policies listed above may subject me to appropriate disciplinary action, including dismissal, as provided by the Florida Administrative Code.**
- 3. I understand that unauthorized disclosure of any data containing medical or financial information is strictly prohibited. In committing such a violation, I understand that I may be subject to personal liability as well as appropriate disciplinary action, which may include termination of employment.**

By my signature, I certify that I have read and understand this confidentiality and security agreement and agree to comply with its provisions. A digital copy of this agreement will be maintained at the RPICC Technical Support Center and the original placed in my personnel file at my local RPICC Center.

Employee Name (Print CLEARLY): _____ Date Signed: _____

Employee e-mail address (REQUIRED of ALL users): _____

Employee (Signature): _____ Phone Number: _____

Please check all actions that this user may perform in each of the following tables:	Data System Tables				
	Demographic	NE	OB	Fiscal	Reports
___ No Access	___ No Access	___ No Access	___ No Access	___ No Access	___ No Access
___ View Only	___ View Only	___ View Only	___ View Only	___ View Only	___ Full Access
___ Add	___ Add	___ Add	___ Add	___ Add	
___ Change	___ Change	___ Change	___ Change	___ Change	
___ Modify Unique #	___ Delete	___ Delete	___ Delete	___ Delete	

Data Custodian (Print clearly): _____ Immediate Supervisor (Print clearly): _____

Data Custodian (Signature): _____ Immediate Supervisor (Signature): _____

Please email the completed form to: peds-esds@peds.ufl.edu. Immediately contact the RPICC Technical Support Center in Gainesville (352-294-5557) if you have any questions concerning this agreement, or if a breach of security or confidentiality occurs. Form date: June, 2022