

## VCU Health System PatientKeeper Connect

### Request Instructions

#### Remote Clinical User

1. Requesting remote clinical end user must complete pages 2 and 3.
2. Please have leadership, other than yourself, complete the Site Supervisor Information on page 4. Physicians, Nurse Practitioners, and Physician Assistants may sign as their own site supervisor. ***The person that signs this page should be a leader at your practice that would be the contact person if the Office for Civil Rights (OCR) were to investigate a privacy breach and would be held responsible for any breach from your practice.*** The site supervisor will receive quarterly emails to validate employees' continued business need for access to PatientKeeper. Failure to respond will result in deletion of account.
3. Send all forms to VCU Health System via the following options:  
Fax: 804-628-2668  
Email: [vcuhsconnectsupport@mcvh-vcu.edu](mailto:vcuhsconnectsupport@mcvh-vcu.edu)



**CONFIDENTIALITY AGREEMENT:** I acknowledge that during the course of performing my assigned duties at \_\_\_\_\_, I may have access to, use, or disclose confidential health information. I acknowledge and understand that I may have access to confidential information regarding VCU Health System (hereby referred to as "VCUHS") employees, patients, and patient care as well as proprietary or other confidential business information belonging to VCUHS (collectively "Confidential Information"). I hereby agree to handle such information in a confidential manner at all times, even if I no longer have access to PatientKeeper. By signing below, I certify that I have read this agreement and hereby commit to the following obligations:

- A. I will use and disclose Confidential Information only in connection with and for the purpose of performing my assigned duties.
- B. I will request, obtain or communicate Confidential Information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more Confidential Information than is necessary to accomplish my assigned duties. I understand that accessing Confidential Information to satisfy personal curiosity is strictly forbidden.
- C. I will not share Confidential Information that I have access to with persons who are not authorized to have access to it or do not have an appropriate 'need to know'.
- D. I understand that all VCUHS information system access is subject to security monitoring and auditing; VCUHS will take appropriate action when improper uses are detected.
- E. I will take reasonable care to properly secure Confidential Information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users.
- F. I will not disclose my User ID or personal password(s) to anyone without the express written permission of VCUHS or record or post it in an accessible location. I will refrain from performing any tasks using another's password or User ID.
- G. I understand that the use and disclosure of patient information is governed by the rules and regulations established under the Health Insurance Portability and Accountability Act and its attendant regulations, as amended ("HIPAA"), Virginia law, and related policies and procedures of VCUHS. I will use and disclose Confidential Information solely in accordance with the law and policies set forth above or elsewhere. I also agree to familiarize myself with any periodic updates or changes to such laws and policies in a timely manner.
- H. I will immediately report any unauthorized use or disclosure of Confidential Information that I become aware of to the appropriate supervisor and to the VCUHS Privacy Officer by phone (1-800-620-1438) or by email ([complianceservices@vcuhealth.org](mailto:complianceservices@vcuhealth.org)).

**ACKNOWLEDGMENT AND AGREEMENT:** Remote Access to the VCUHS network is a privilege, which VCUHS may terminate at any time in its sole discretion. I hereby acknowledge and agree that remote access is authorized for my use only and I will use it solely to obtain information for healthcare treatment or operations purposes that are directly related to my organization's relationship with VCUHS. I further agree to keep at all times any passwords and user names confidential and not to share them with any third party and to immediately report any breach of my obligations hereunder. By requesting a remote access account, I acknowledge that I will install or already have installed virus protection software on my remote system (this includes business and home computers and laptops, or any other system used to access VCUHS Confidential Information) system. Installation of virus protection and applying virus signature updates is my responsibility. I understand that failure to do so may result in loss of remote access privileges. VCUHS employees are not responsible for any operating system, hardware or software application problems encountered by any VCUHS Remote Access User when using the designated applications to connect to the VCUHS network(s).

I understand and agree that my failure to fulfill any of the obligations set forth in this Agreement and/or my violation of any terms of this Agreement shall result in action, up to and including revocation of system privileges and/or termination of relationship with VCUHS, and where applicable, criminal charges.

By signing below, I indicate that I have read, understand and agree with the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)

