



MEDICAL AFFAIRS, 5 EVES DRIVE STE 120 A, MARLTON, NJ 08053
PHONE - 856-355-0335 FAX - 856-355-0337

SECURE WEB SITE AGREEMENT FOR VERIFICATION OF HOSPITAL AFFILIATION

I am authorized by my organization and in accordance with my official duties to obtain access to the Virtua Health ("Virtua") website for verification of hospital affiliations. All users from my entity will use the ID and password assigned to this entity. The ID and password will be protected and kept confidential, and I will be responsible for ensuring this occurs.

On behalf of my organization, I agree:

- 1) that the computer access code for the organization (password, personal identification number) is the equivalent of a legal signature;
2) only those employees of my organization who are directly involved in the credentials verification process will have access to the computer access code (password, and identification number);
3) that any practitioner whose verification record is accessed has on file with our office a signed, dated, written consent form allowing us to obtain references from organizations who have information bearing on their professional qualifications and competence, and character, moral and ethical qualifications., including confidential information, which might be protected against general release by federal or state laws and regulations; and providing immunity and releasing from liability any organization providing that information performed in good faith and without malice in connection with evaluating their application and professional qualifications and competence, and character, moral and ethical qualifications; and if requested will provide a copy of the statement of release and authorization to Virtua Health Corporation;
4) that no information obtained from the computer system will be released, transferred, distributed, or shared with any other person or entity;
5) if I have reason to believe that the confidentiality of my computer access code (password, personal identification number) is broken, I will contact the Medical Affairs Department or their designee to have our organization code deleted and a new code issued;
6) that any misuse of the confidential access code or inappropriate use of any of Virtua computer systems may result in termination of access and may have legal and/or regulatory penalties;
7) that the computers and their applications have audit trails, which track access to verification information;
8) that at no time while accessing the verification service will the computer be left unattended, and that at the completion of each computer session, the sign off on the computer will be done to prevent unauthorized use of the application.
9) I and my company agree to indemnify, hold harmless, and defend Virtua and each of its employees, officers, agents, successors and assigns from and against any and all claims, losses, damages, liabilities, costs, expenses, attorneys' fees and court costs arising out of my or my company's accessing Virtua's website. I further agree to assume the defense of any claim and all costs associated therewith, including, but not limited to the following: court costs; attorney fees; expert witness fees; fact witness fees not included as court costs; deposition costs; court reporter costs; the entirety of any judgment against Virtua; the entirety of any payment made to settle a claim rendered or filed against Virtua; and any other costs, whatever the source, related to the defense of any rendered or filed claim.
10) I acknowledge and agree that the information contained on Virtua's website is not necessarily considered complete or accurate and Virtua provides this information "as is" without warranty of any kind. Virtua cannot and does not warrant against interruptions, losses, delays, human or machine errors, omission, including loss of data. I agree that Virtua shall have no liability for any of the information provided on this site or through any site links. I agree that Virtua shall have no liability to me in any respect as a result of this Agreement and the website access provided hereunder, including any errors or omissions in the data provided to me through this website access and is not responsible for incidental or consequential damage of any kind or nature.
11) I acknowledge that upon any breach of this Agreement, including inappropriate or unauthorized use or other misuse of my right to access this information, Virtua shall have the right to immediately terminate this Agreement without notice to me. Additionally, Virtua shall have the right to terminate, revise or supplement this agreement at any time.
12) This Agreement shall be construed, interpreted, and enforced in accordance with the laws of the State of New Jersey, without reference to the principles of conflict or choice of law.

I am authorized to bind the above-named institution to the terms of this agreement. I also accept responsibility for training and supervising the users in my organization in accordance with the terms of this agreement.

Signature

Printed Name & Title

Email Address

Organization Name

Phone #

Address, City, State and Zip

Date