Physician Office Staff

Non-Employee Information Confidentiality and Security Agreement

1. During the course of my business relationship with Virtua Health, I may have access to confidential patient, financial, and corporate-owned information. I agree to abide by all Virtua Health Policies relating to security, confidentiality, and the use of Virtua Health information systems.

2. I agree to use only those accounts, which have been authorized for my use. My password is the legal equivalent of my signature. I will not divulge my password nor attempt to learn another person's password.

3. I will not authorize anyone to use my account(s) for any reason. I am responsible for all usage on my accounts. My account usage may be monitored at any time.

4. I will not demonstrate/instruct anyone in the use of Virtua Health's systems unless I am required to do so in my specific job duties.

5. I will use my accounts only for legitimate business purposes. I will not utilize my accounts for conducting unlawful activities or any personal business.

6. I will not copy or remove information from a Virtua Health system without prior written approval from the Information Services department and the owner of the data, unless the information has been established as shareable and I have been given appropriate access.

7. I will utilize my accounts responsibly. Material that is offensive, fraudulent, harassing, obscene, intimidating, defamatory, or otherwise unlawful may not be distributed electronically or stored on any computer system owned by Virtua Health.

8. All electronic data created, stored, or transferred through the Virtua Health network is the property of Virtua Health. Virtua Health reserves the right to monitor, access, review, and disclose information contained in any user file without advance notice and/or without my consent.

9. The unauthorized viewing of confidential information; copying of data/files; or wrongful dissemination of such information is a direct violation of Virtua Health policy and this agreement.

10. If I have reason to believe that the confidentiality of my password is broken, or believe that there has been a misuse of Virtua Health data, I will contact Virtua Health Information Services (856-248-6333) immediately.

11. At any time after my employment/business relationship with Virtua Health has ended, I agree to keep confidential any information to which I had access.

12. If I unlawfully access or misappropriate patient information, I agree to indemnify and hold harmless Virtua Health, its subsidiaries, affiliates, and its successors and assigns against and from any and all claims, demands, actions, suits, proceedings, costs, expenses, damages, and liabilities, including reasonable attorney's fees arising out of, connected with or resulting from such unlawful use.

13. Violating any term or condition of this agreement may subject me to any or all of the following: voiding/termination of contracts, loss of network access privileges; loss of medical staff privileges; and/or loss of licensure; penalties/and or fines imposed by federal or state law.

By signing the below access request you have acknowledge that you have read and agree to abide by the regulations stated in the above Virtua's Non Employee Information Confidentiality & Security Agreement.

Please fax this portion of the agreement page to IS Security Administration at 856-433-3106

Office Staff Only	
Work Order #:	
Print Name	
Office Staff Signature:	Professional Title:
Office Number Cell Phone Number: Pager Number:	Print Physician Name:
Office Manager's Name:	Requires Physician Signature:
Email Account:	
Net Access Password The password can only be 8 characters in length. It should include Alpha (upper and lower case), numeric, special character ($, # ,! etc.). The password must have at least 3 of the 4 characteristics stated above. **No Names or dictionary words.** Psswd:_____ _	Please provide an answer to the verification questions: What is your mother's maiden name? What is the name of the city where you were born? What was the make of your first car?
View Patient Information : Please put a check next to application(s) to gain access: ☐ Net Access West Jersey ☐ Net Access Memorial	Would you require a physician.virtua.org email account? ☐ Yes ☐No