

ACT CONFIDENTIALITY AGREEMENT

As an ACT user you may have access to “confidential information”. The purpose of this agreement is to help you understand your duty regarding confidential information as described in this policy. The definition of ACT user is anyone who is granted access to the ACT web-based database system with a userid and password.

Measures must be taken so that all information captured, maintained, or utilized by VUMC and any of its off-site subsidiaries and affiliates can only be accessed by authorized users. VUMC has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information and all other types of confidential information. Patient information is confidential regardless of how it is obtained, stored, utilized, or disclosed.

As an ACT user you are required to conduct yourself in strict confidence to all applicable laws and Vanderbilt University and VUMC policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and abide by these duties. The violation of any of these duties will subject you to disciplinary action, which might include, but is not limited to, termination of ability to do business with VU or VUMC, and may subject you to legal liability as well.

As a condition of and in consideration of my use, access, and/or disclosure of confidential information, I, _____ understand and agree to the following:

1. I will access, use, and disclose confidential information only as necessary to perform my job functions. This includes, but is not limited to, the following:
 - a) I will only access, use, and disclose confidential information which I have authorization to access, use, and disclose which is required to do my job;
 - b) I will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly and clearly authorized within the scope of my job and as in accordance with all applicable Vanderbilt policies and procedures and with all applicable laws;
 - c) I will report to my supervisor or to the appropriate office any individual's or entity's activities that I suspect may compromise the confidentiality of confidential information as prescribed in OP 10-17 "Confidentiality of Patient Information".
2. I understand and accept that I have no individual rights to or ownership interests in any confidential information referred to in this agreement. Therefore, VU or VUMC may at any time revoke my passwords or access codes.
3. Because all of my User ID/Passwords are the equivalent of my signature and because I am the only person authorized to use them, I agree to the following:
 - a) I will safeguard and not disclose my passwords, access codes or any other authorizations I have that allow me to access confidential information.
 - b) I will not request access to or use any other person's passwords or access codes.
 - c) I accept responsibility for all activities undertaken using my passwords, access code and other authorizations.
 - d) It is my responsibility to log out of the system to which I am logged on. I will not under any circumstances leave unattended a computer to which I have logged on without first either locking it or logging off the workstation.
 - e) If I have reason to believe that the confidentiality of my password has been compromised, I will change my password.
 - f) I will immediately report any known or suspected breach of the confidentiality of any VU or VUMC computer system or data to my supervisor, the VUMC Help Desk, or the appropriate office.
 - g) I understand that my User ID will be deactivated upon notification to Information Management that I am no longer employed by or in a business contract with VUMC.
4. I understand that the VUMC has the right to conduct and maintain an audit trail of all accesses to patient information, including the machine name, user, date, and data accessed and that VUMC may conduct a review of my system activity at anytime and without notice to monitor appropriate use.

5. I understand that any fraudulent application, violation of confidentiality or any violation of the above provisions may result in disciplinary action, including loss of system and information access privileges, as well as other appropriate disciplinary measures up to and including but not limited to, termination of affiliation with VU and VUMC.

My signature below indicates that I have read, accept, and agree to abide by all of the terms and conditions of this Agreement and agree to be bound by it.

Signature: _____ Date: _____

Printed Name: _____

Job Title: _____

Address: _____

Phone/Beeper: _____

E-mail Address: _____

Training date: _____

Summary Points

- **I will access, use, and disclose confidential information only as authorized and needed to perform my job duties for VU and VUMC.**
- **I am responsible for all actions taken using my User-ID/Passwords and other authentication devices. I agree not to allow others to use my User-ID/Passwords. I agree not to attempt to use any authentication devices belonging to others.**
- **Any violation of confidentiality as outlined in this agreement will result in disciplinary action, which may include, but is not limited to, loss of system access privileges and/or loss of ability to do business with VUMC.**

Return completed form to:

Debbie Murrey
Vanderbilt-Ingram Cancer Center
Clinical Trials Office
491 Preston Research Building
Nashville, TN 37232-6868
debbie.murrey@vanderbilt.edu
Fax: 615-936-5850