SWEDISH

AFFILIATE – INDIVIDUAL ACCESS REQUEST FORM & CONFIDENTIALITY AND USE AGREEMENT

This form is required for individuals who are not employees of Swedish Health Services (SHS) or medical staff members of SHS in order to access SHS computer, information and electronic health records systems ("Swedish Systems").

All information is required to process your request.
Questions? Email: affiliateaccess@swedish.org

PART I: INDIVIDUAL SYSTEMS ACCESS REQUEST FORM

INSTRUCTIONS for filling out this form:

- Save this form. Complete all information (to do this electronically, use the TAB key). Print the completed form.
- Complete and sign Part II: Affiliate Confidentiality and Use Agreement.
- Obtain the signature of your Affiliate Access Administrator on Part I and Part II.
- Fax the completed and signed form and agreement to Swedish at 206-860-6552.

TYPE OF REQUEST (you must select one):

☐ **NEW ACCESS**

The purpose for requesting access **(SELECT ALL THAT APPLY):**

☐ View/print medical records
☐ View/print patient billing/insurance info
☐ View/print Swedish surgery schedules
☐ Pre-admission documentation support
☐ Document in Swedish Charts
☐ PACS – Swedish Edmonds
☐ PACS – Other campuses
☐ Other (*please specify*): _____

☐ **TERMINATION OF ACCESS**

☐ Terminate access to Swedish Systems for the above user immediately or on *(mm/dd/yyyy):* _____

☐ **MODIFY MY PERSONAL INFORMATION**

Check here if you already have access to Swedish Systems and need to modify information (e.g., home address or name change). Complete the entire form below so we can verify your personal information.
If this is a name change, enter your previous name here: _____ **Enter your new name here:** _____

PERSONAL INFORMATION (ALL INFORMATION REQUIRED):

Organization Name:		Location/Dept.:
Organization Address:		
Work E-mail:		
Work Phone:	Work Fax:	
First Name:	Middle Initial:	Last Name:
Preferred First Name/Nickname:	Job Title & Credential:	
Last 4 digits of Social Security # (SSN):	Birth Date (mm/dd/yyyy):	Gender: ☐ M ☐ F

The last four digits of your SSN and birth date are used to verify your identity for use in password management, access monitoring and other system administration functions.

AFFILIATE ACCESS ADMINISTRATOR SIGNATURE *(REQUIRED)*:	
Name:	Signature:

Office Use ONLY: ☐ PACS ☐ Care Link – Grant ☐ Care Link – First ☐ Hyperspace ☐ Other: _____

Exhibit 3

RETURN THIS FORM TO SWEDISH VIA FAX: (206) 860-6552

SWEDISH

PART II: AFFILIATE CONFIDENTIALITY AND USE AGREEMENT

As a condition of and in consideration of my access and use of the Swedish Health Services ("Swedish") computer systems, information systems, and electronic health records systems (the "Swedish Systems"), I, the undersigned, understand and agree to be bound by the requirements described in this Confidentiality and Use Agreement (this "Agreement").

1. I understand that by accessing the Swedish Systems, I may obtain or gain access to Swedish's confidential information, including but not limited to: (a) patient and clinical information or "Protected Health Information" (as defined by 45 CFR § 160.103), including individually identifiable information created or received by Swedish that relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual (e.g., medical records, patient demographic information, and patient financial information); (b) Swedish proprietary information (e.g., financial reports, production reports, report cards, reimbursement tables and contract rates, strategic plans, internal reports, memos, contracts, peer review information, credit information, communications, computer programs, technology, standards, policies, and procedures); (c) Swedish employee Information (e.g., salaries, employment and payroll records, unlisted phone numbers, health records), and (d) Third party information (e.g., computer programs, vendor information, technology) (collectively, all information described in this Section 1 referred to as "Confidential Information"). I hereby agree to protect the confidentiality of any and all Confidential Information I obtain or gain access to through my access and use of the Swedish Systems.
2. I agree to comply with all federal, state, and local laws applicable to me involving my use of Swedish Systems and Confidential Information, including but not limited to Health Insurance Portability and Accountability Act of 1996 (HIPAA), the HIPAA Privacy Rule, HIPAA Security Rule, the Health Information Technology for Economic and Clinical Health Act (HITECH Act), and the Washington Uniform Health Care Information Act (RCW 70.02).
3. I agree to comply with all existing and future Swedish policies and procedures that address the use of the Swedish Systems and the privacy, confidentiality, and security of the Confidential Information.
4. I will acquire, access, use, or disclose only the minimum necessary Confidential Information in order for me to conduct a legitimate business function. I agree that I will never access Confidential Information for "curiosity viewing" or "surfing" patient records. I understand that this includes viewing Confidential Information relating to me, my children, other family members, friends, or coworkers, unless access to such information is necessary in accordance with a legitimate business function.
5. I will not disclose Confidential Information to any unauthorized individuals. I understand that this includes allowing unauthorized individuals to view Confidential Information through my use of the Swedish Systems. I further agree to completely log out and discontinue access to the Swedish Systems if I am not actively using the Swedish Systems (e.g., when I leave my workstation).
6. I will not transfer Confidential Information accessed from the Swedish Systems to any other media (e.g., paper, microfilm, etc.) unless it is necessary for me to conduct a legitimate business function. I will not transfer or save Confidential Information to a portable media device (e.g., Laptop, Tablet PC, iPad, USB flash drive, DVD, CD, PDA, smart phone and other portable devices) for any purpose.
7. I agree to safeguard any access tokens, user IDs, passwords, or other authentication mechanisms provided to me to access the Swedish Systems (collectively, "Systems Access Controls"). I understand that my Systems Access Controls are equivalent to my legal signature and I agree that I will not release or otherwise provide my Systems Access Controls to any other person, including any employee or person acting on my behalf. Likewise, I agree not to use anyone else's Systems Access Controls to access the Swedish Systems. I understand and agree that I am responsible and accountable for all access and use of the Swedish Systems and/or Confidential Information through the use of my Systems Access Controls. **If I misplace or fail to safeguard my Systems Access Controls or become aware or suspect that another person has used my Systems Access Controls, I will immediately notify the Swedish Service Desk at 206-386-6115 and take steps to mitigate any potential risk of unauthorized access (e.g., change my password)**
8. I understand that Swedish will monitor my access and use of the Swedish Systems. I agree that Swedish may audit my compliance with this Agreement and further agree to cooperate in good faith with any audit of my access and use of the Swedish Systems and Confidential Information.
9. I understand that my obligations under this Agreement are perpetual and shall extend beyond termination of access to the Swedish systems and/or termination of any affiliation I may have with Swedish.
10. I understand that Swedish reserves the right to terminate my access and use of the Swedish Systems at any time for any reason.
11. I understand that if I breach any provision of this Agreement, in addition to any remedial or disciplinary action taken by my employer, I may be subject to loss of privileges to access the Swedish Systems, or any other legal remedy available to Swedish. I further understand I am personally accountable for any violations of law that may arise out of my access and use of the Swedish Systems and Confidential Information and that such violations may subject me to civil or criminal actions including the assessment of applicable monetary penalties.

I have read and understand this Confidentiality and Use Agreement and accept my obligation to maintain the confidentiality of Confidential Information and agree to abide by the terms of this Agreement.

User Name:	User Signature:	Date:
AFFILIATE ACCESS ADMINISTRATOR SIGNATURE *(REQUIRED):*		

Exhibit 3

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