

Information Security/Confidentiality Agreement for the ES Web-Based Data Reporting System

All ES Web-Based Data Reporting System users must complete this agreement prior to obtaining access, and whenever level of access changes.

ES CENTER NUMBER: _____ UPDATE FOR CURRENT USER _____ NEW USER _____

One of the most important responsibilities of the Early Steps Program (ES) is to protect and maintain the security, integrity and confidentiality of the information collected about eligible children and their families. All individuals and providers have the right to expect that all communications and other records pertinent to an individual's health, including source of payment for treatment, will be treated in a secure and confidential manner. Specific laws relevant to these issues include, but are not limited to, Health Insurance Portability and Accountability Act of 1996 (HIPAA), Individuals with Disabilities Education Act (IDEA), Family Educational Rights and Privacy Act (FERPA), Florida Statutes (FS) 394.4615 (Mental Health Records), FS 397.501 (Substance Abuse Treatment), FS 381.004 (HIV-AIDS), FS 415-5055 (CPT), 316-1932, and .1933 (Blood Alcohol) and FS (supplement 1996) chapter 815: Computer Related Crimes.

1. I understand that the following login/password policy has been established to maintain on-line computer system security, and that my access will be audited periodically. This policy is in addition to any other information security/confidentiality policies that may be in place at my local ES Program Center/Hospital. I agree that:

- I will **only** access the system with my assigned ID and password.
- I will **not** reveal or loan my password to another person.
- I will **not** leave a terminal unattended while signed on to confidential data, and will use a screensaver password where appropriate.
- I will report any violation of the security system immediately to my supervisor and the designated Data Custodian at my local ES Program Center.
- I will only use my access to perform my job function. All data that I enter into the ES Web-Based Data Reporting System will, to the best of my knowledge, be a true and accurate documentation of the services represented.
- I will immediately notify my supervisor and/or the designated Data Custodian at my ES Program Center when and if I am no longer authorized to access the ES Web-Based Data Reporting System due to termination of employment or contract.
- I understand that I am responsible for any breach (accidental or otherwise) of the security and/or confidentiality of information that may be stored or reported from the ES Web-Based Data Reporting System under my login ID/Password.

2. I understand that failure to comply with the confidentiality laws and security policies listed above may subject me to appropriate disciplinary action, including dismissal, as provided by the Florida Administrative Code.

3. I understand that unauthorized disclosure of any data containing medical or financial information is strictly prohibited and may be criminal. In committing such a violation, I understand that I may be subject to personal liability as well as appropriate disciplinary action, which may include termination of employment.

By my signature, I certify that I have read and understand this confidentiality and security agreement and agree to comply with its provisions. A copy of this agreement will be maintained in my personnel file at my local ES Program Center.

Employee Name (Print CLEARLY): _____ Date Signed: _____

Employee e-mail address (REQUIRED of ALL users): _____

Employee (Signature): _____ Phone Number: _____

Role: <input type="checkbox"/> Service Coordinator <input type="checkbox"/> Administration (no services to kids) <input type="checkbox"/> Early Interventionist	The ES Program Center Data Custodian must indicate the activities that this user will perform in each of the Web-Based ES Data Reporting System components listed below:								
ACCESS LEVELS	Enrollment (Demographic)	Add Multiple Enrollments for patients (re-enroll)	Intervention	FSPSA	IFSP	Provider	Agency	Standard Reports	Online Reports
0 No Access	___ 0	___ 0	___ 0	___ 0	___ 0	___ 0	___ 0	___ None	___ None
1 View Only	___ 1	___ YES	___ 1	___ 1	___ 1	___ 1	___ 1	___ Full	___ Full
2 View & Add Records	___ 2	___ NO	___ 2	___ 2	___ 2	___ 2	___ 2	Access	Access
3 View & Change Records	___ 3	___ 3	___ 3	___ 3	___ 3	___ 3	___ 3	Access	Access
4 View, Add & Change Records	___ 4	___ 4	___ 4	___ 4	___ 4	___ 4	___ 4	Access	Access
5 View, Add, Change & Delete Records	___ 5	___ 5	___ 5	___ 5	___ 5	___ 5	___ 5	Access	Access

My signature authorizes ES Technical Support to grant this user access to the Early Steps Data System.

Data Custodian (Signature): _____ Immediate Supervisor (Signature): _____

Data Custodian (Print clearly): _____ Immediate Supervisor (Print clearly): _____

Immediately contact the ES Technical Support Center in Gainesville (352) 294-5556 or peds-esds@peds.ufl.edu if you have any questions concerning this agreement, or if a breach of security or confidentiality occurs.