

Electronic Medical Record Access Agreement for Non-Employee Users

This Agreement is by and between Allcare Medical Clinic Inc, and user(s) as identified below on page 2.

WHEREAS, Allcare Medical Clinic, Inc, hereby referred to as "AMC" makes accessible to authorized users its Electronic Medical Record System (the "EMRS") which contains a broad range of electronically stored medical information about patients, including Protected Health Information as defined by applicable laws and WHEREAS, for the sole and specific purpose of healthcare data audit and /or chart review services, User requires access to medical information which is stored in AMC's EMRS; and WHEREAS, AMC wishes to allow User to have access to its EMRS so that User may access such medical information needed by User for the specified purposes;

NOW, THEREFORE, in consideration of the mutual promises contained herein, the parties agree as follows:

I DEFINITIONS

A. Protected Health Information or PHI shall have the same meaning as the term "protected health information" in 45 CFR 160.501. PHI includes patient-identifiable clinical and demographic information in any form (electronic, paper, or oral).

B. Treatment is defined in 45 CFR 164.501.

C. User means the individual who is authorized to have access to EMRS maintained by AMC.

II TERMS OF ACCESS

A. Information, including Protected Health Information, accessed and/or retrieved in any form from AMC's EMRS, is intended only for the review and/or use of the authorized user for legitimate business needs. Access and/or retrieval of information from the EMRS for any other purpose is expressly prohibited.

B. User's access to the EMRS will be recorded electronically, and EMRS access and use may be audited by AMC at any time on a random basis or for cause. Users consent to having all or any part of their use of and access to AMC's EMRS recorded, audited or reviewed at any time.

III. AGREEMENTS AND CONDITIONS OF ACCESS AND USE

In consideration for use of the EMRS, User agrees to the following terms and conditions:

A. To access protected health information only for the purpose of providing healthcare or for providing healthcare services; for non- treatment purposes, users will access the minimum amount of information needed;

B. To not share or give his/her authentication credentials (USERID or password) to any other individual, or to fail to take appropriate measures to safeguard his/her authentication credentials;

C. To not use or disclose Protected Health Information other than as permitted or as required by law;

D. To use appropriate safeguards and practices to prevent use or disclosure of the Protected Health Information other than as provided for in this Agreement, including but not limited to the following: • User will not download or copy/paste medical record documents to a computer or external device. • If documents are printed for patient care, they should be kept secure while in use and shredded when no longer needed. • Printed documents may not be removed from the healthcare facility. • Patient information may not be left displayed on the computer screen. The user will log out of the application before leaving the computer.

E. To mitigate, to the extent practicable, any harmful effect that is known to User of a use or disclosure of Protected Health Information in violation of the requirements of this Agreement;

F. To promptly report to AMC at 425-255-0055 and by email (Drajudia@hotmail.com) any use or disclosure of Protected Health Information of which he/she becomes aware which would violate the terms of this Agreement;

- G. To comply with all applicable federal and state laws and regulations which protect the confidentiality of Protected Health Information;
- H. To not act or fail to act in a way that would cause AMC to be noncompliant with applicable federal or state laws or regulations which protect the confidentiality of protected health information;
- I. To promptly notify AMC Health Compliance Officer (Dr. Ajudia or assigned manager) when changes occur in his/her practice or job duties which would eliminate or materially affect his/her status or stated justification for access to AMC's EMRS; User also shall NOTIFY AMC PROMPTLY soon after finishing the tasks associated with this access to our EMRS;

IV. COMPLETION OF HIPAA EDUCATION

User agrees and warrants, as an express term of this Agreement, that s/he is aware of HIPAA privacy and security rules ([Summary of the HIPAA Security Rule | HHS.gov](#) and [Summary of the HIPAA Privacy Rule | HHS.gov](#)). You may call us for help if needed. User agrees to fully review these materials prior to accessing AMC's EMRS.

V. TERMINATION

The term of this Agreement is as defined on page 2 except that AMC has the right to immediately terminate this agreement and discontinue access to the EMRS at any time for any reason.

VI. INDEMNIFICATION

Organization and/or User shall be responsible for any breach of this agreement, whether by User or by User's agents, representatives, or employees, AND they shall defend, indemnify, and hold AMC harmless from all damages, costs, expenses and fees (including attorneys' fees) resulting from such breach.

(Please complete details below and fax to AMC at 425-255-9501)

Purpose of remote access: _____

Remote access start date _____ **End date** _____ (no more than two weeks please)

USER Name: _____ **Signature:** _____

Supervisor's name _____ **Signature** _____

Legal name and address of organization requesting remote access:

Name _____ Address _____

Tax ID # _____ Phone number _____

For Allcare Medical clinic use only:

Authorized person: Dhiren Ajudia, MD/Sharda Vekaria, OM **Signature:** _____

Request rec'd on _____ Approved on _____ approved by _____

User ID/password provided on _____ Access terminated on _____ Signature _____

(please inactivate user ID under admin/staff to terminate the access)