

**AUTHORIZED USER CONFIDENTIALITY AGREEMENT  
FOR ACCEL SYSTEMS**

I understand that ALL INFORMATION about individual patients or beneficiaries (“patients”) accessed through the ACCEL System and Services, including health and demographic data, and any other information that may identify a patient, is sensitive, protected, and confidential information. I understand that I am receiving access because of (1) my affiliation with a hospital, medical group, or other organization participating in ACCEL; and (2) my agreement to keep such information protected and confidential. I agree that I will not directly or indirectly:

- (1) use information about a patient for any purpose other than a purpose directly associated with my role or activities with my Employer, Contractor, or Participant and ACCEL, or
- (2) disclose or provide access to such information to anyone who is not authorized to receive or have access to it.
- (3) remove patient information from the work premises without authorization.

I further acknowledge that the privacy and security policies and procedures of my Employer, Contractor, or Participant and ACCEL have been explained to me, and I acknowledge receipt of the attached ACCEL Policy on Confidentiality of Patient Information.

I understand that violations of confidentiality may be cause for, among other things, (1) reporting by my Employer, Contractor, or Participant and/or ACCEL to appropriate authorities, (2) disciplinary action or termination with my Employer, Contractor, or Participant and/or ACCEL, (3) reduction or termination of access to patient information, (4) personal liability for damages, and/or (5) civil or criminal fines and prosecution.<sup>1</sup> If I have any questions, I will ask the Privacy Officer for my Employer, Contractor, or Participant.

I understand that I must report any breaches of confidentiality, whether inadvertent or intentional, whether by me or someone else, to the Privacy Officer for my Employer, Contractor, or Participant to help mitigate any problems caused by such breach

Name: \_\_\_\_\_  
(please print)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Notes by Participant: \_\_\_\_\_

<sup>1</sup> HIPAA criminal penalties include up to \$250,000 in fines and 10 years imprisonment. Other fines and penalties (e.g., regarding identity theft) may exceed these amounts.