

**ECU PHYSICIANS'
CENTRICITY USAGE AGREEMENT**

Security, confidentiality, and data integrity are matters of concern for all persons who have access to Centricity. Each person who accesses Centricity must recognize these responsibilities and be entrusted in their preservation. Therefore, before being afforded Centricity access privileges, all authorized persons must read and comply with this usage agreement and ECU Physicians' electronic signature and information security policies.

The following specific principles concerning security, confidentiality, and integrity of Centricity's health records are applicable to all staff, faculty, students, and employees of the School of Medicine who are authorized to access Centricity. I will:

- Not release my Centricity user identification or password (electronic signature/authentication device where applicable) to anyone else, or unintentionally allow anyone else to access or alter information under my identity.
- Not utilize anyone else's user identification or password to access Centricity or alter information. User must exit to the logon window when not at workstation.
- Understand that the information accessed through Centricity contains sensitive and confidential patient information that should only be disclosed to those authorized to receive it.
- Respect the privacy and rules governing the use of confidential information accessible through Centricity and only utilize such information to perform my legitimate job duties and will report any such suspected violations.
- Understand that all access, attempts to access, and accomplishment of specific functions (e.g. entry and authentication of information, access to records identified as sensitive, accumulation of unsigned documents, etc.) will be monitored.
- Respect the confidentiality of any reports containing patient information printed from Centricity and handle, store, use, and dispose of these reports appropriately.
- Understand that the authentication (electronically signing) of documents within Centricity will be treated as a written signature with all the ethical, business, and legal implications associated thereof.
- Not affix an electronic signature without authorization.
- Not divulge, copy, benefit personally, alter or destroy, or remove either electronically or hard copy from this premises any information contained within Centricity except as properly authorized within the scope of my professional duties.
- Understand that I have no right or ownership interest in information within Centricity, that my access code may be revoked at any time, and I will notify Health Information Systems/Services upon my termination of employment or permanent change of job duties.

Violators of this Agreement and other relevant policies may be subject to disciplinary actions according to the policies of East Carolina University, Brody School of Medicine, and under laws of the State of North Carolina.

I have attended an orientation session for Centricity and received Centricity reference material. By signing this, I agree that I have read, understand, and will comply with this Agreement and its associated policies.

Print Employee Name: _____ Title: _____

Employee's Signature: _____ Date _____

Department: _____

For Centricity Administrator only:

User ID: _____ Activate Date: _____ Deactivation Date: _____

Trained: Orientation Individual **Date:** _____ **Trainer:** _____

Centricity Role:

Clinical Support Staff	Medical Office Asst	Other Provider	Reporting
Flag Administrator	Medical Records	Physician Attending	Student Intern
Generic	Medical Records Confid	Physician Extender	Support Staff
Licensed Nurse	Medical Records Release	Physician Res/Fellow	System Admin
Link Logic Manager	Medical Records Sig	Referral Specialist	View Only
Centricity Manager	On Demand Access	Registered Nurse	

COMMENTS: _____