

## Citrix: User Confidentiality Agreement

I acknowledge that as a SHP Citrix user, I may have access to, use, or disclose confidential health information. I agree to handle such information in a confidential manner at all times during and after my employment and commit to the following obligations:

*Initial to indicate you understand each of the following:*

\_\_\_\_\_ Access to and use of confidential records in Citrix is limited to purposes related to each person's designated role ("need to know") at their employing agency. Full modification rights and view-only rights are defined for each person as determined by SHP and the supervisory staff at each user's employing agency.

\_\_\_\_\_ Each person authorized to access Citrix must have a unique Citrix password to verify authorization to access the system. Such identification codes and passwords shall be issued and changed regularly in accordance with the SHP confidentiality policies.

\_\_\_\_\_ Computers with access to Citrix must be password protected at the Windows login level and have a password protected screensaver program installed and activated.

\_\_\_\_\_ Information containing patient or client personal identifiers is never sent by email, even if encrypted. Client URNs, UCIs, eURNs, and any other agency client IDs will not be transmitted via email between any parties.

\_\_\_\_\_ I understand that as a Citrix user, I have an obligation to complete Client Confidentiality or HIPAA training, and in signing this agreement, I confirm that I have received and completed confidentiality training from my respective employing agency *or* have completed the online privacy training provided by SHP.

\_\_\_\_\_ I understand that unauthorized or willful disclosure of any confidential information and/or violation of any terms of this Agreement shall result in my being subject to appropriate disciplinary action, up to and including, termination of employment.

User Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_