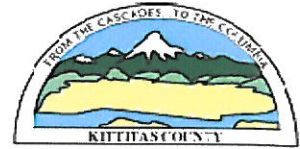


Kittitas County  
Review Form  
Grants & Contract Agreement



Today's Date 10/05/2009	Agenda Date
Fund/Department 116- Public Health	

**Contract/Grant Information**

Contract /Grant Agency: Kittitas Valley Community Hospital Confidentiality Agreement for Electronic Health Record Access	
Period Begin Date: Upon Signature	Period End Date: No term date
Total Grant/Contract Amount: N/A	
Grant/Contract Number:	
Contract/Grant Summary:  This Agreement between Kittitas Valley Community Hospital and Kittitas County Public Health is a Confidentiality Agreement for Electronic Health Record Access.	

**Recommendation for Board of Health and Board of Health Review on \_\_\_\_\_**

Department Head Signature: <u><i>Calvin Binkley</i></u> Administrator	Date: <u>11/18/09</u>
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**Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:**

APPROVED AS TO FORM:

<u><i>BW</i></u>	<u>11/19/09</u>
Signature of Prosecutor's Office	Date
<u><i>Jm</i></u>	<u>11/16/09</u>
Signature of Auditor's Office	Date
<u><i>[Signature]</i></u>	<u>11/19/09</u>
Signature of Board of Health member	Date

**Financial Information**

Total Amount \$N/A	State Funds \$N/A	Federal Funds \$N/A
Percentage County Funds	Matching Funds \$	CFDA#

	In-Kind \$ Explain
Is Equipment being purchased?	Who owns equipment?
New Personnel being hired?	Contact HR hiring – reporting requirements
Future impacts or liability to Kittitas County:	

### Budget Information

Budget Amendment Needed?	Yes <input type="checkbox"/> attach budget form	No <input checked="" type="checkbox"/> Why not
New Division Created?		
Revenue Code		Not needed

### Pass Through Information

Agency to Pass Through	
Amount to Pass Through	\$
Sub-Contract Approved	Date:

### Prosecutor Review

Has the Prosecutor reviewed this agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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### County Departments Impacted

Auditor	Facilities Maintenance
Information Services	Human Resource
Prosecutor	Treasurer

### Submitted

Signature:	Date:
Department:	

### Assignment of Tracking Information

Auditor's Office	
Human Resource	
Prosecutor's Office	
Who Signed the grant application	

Reviewer	Date
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## CONFIDENTIALITY AGREEMENT FOR ELECTRONIC HEALTH RECORD ACCESS

Kittitas Valley Community Hospital is committed to protecting the privacy and security of individual identifiable health information of a confidential nature for the organization. Information pertaining to patients and other sensitive information must be held in strict confidence. This agreement must be completed and signed by each individual requesting access to KVCH's E.H.R. The Agreement must be completed and signed and returned to the Health Information Management Department before access will be granted.

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I am requesting access to the KVCH electronic health record system, and agree to the following terms and conditions:

- I agree to use the EHR system solely for job-related purposes
- I understand that all information available through the KVCH EHR system is confidential and is to be treated as such. I will access only the minimum necessary amount for the provision of services in my job
- I acknowledge that I shall not divulge my password to any other individual or entity, nor will I use another individual's password to obtain access to the EHR
- I understand that I am responsible for any damages, including monetary damages, for the inappropriate use and/or disclosure of protected health information
- I understand that I am not permitted to access the KVCH electronic health record for anything other than my intended job-related purpose relating to patient treatment, payment, or operations. Accordingly, I understand that I am not permitted access to my or another individual's health information because of a personal request, personal reasons or personal curiosity
- I understand that the KVCH EHR system is monitored. Routine audits will be performed to assess the appropriateness of access by individuals to patient information.

I acknowledge that I have read, understand, and agree with the conditions above. Further, I agree to immediately notify KVCH of any conflict with or violation of the above conditions.

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User signature

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Printed name

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Date