

EMPLOYEE TECHNOLOGY USE AGREEMENT

EMPLOYEE TRAINING OPERATIONS, MAINTENANCE & PROTECTION for ELECTRONIC PROTECTED HEALTH INFORMATION (ePHI) & ELECTRONIC HEALTH RECORDS (EHR)

HIPAA ePHI is protected as follows at this location: (check the appropriate box below):

1. Electronically printed PHI (patient routing slips, daily schedules, credit card & payment receipts, insurance claims) will be protected by: SHREDDER
2. Electronic **insurance claims** will be protected by:
 ROUTER & FIREWALL with ENCRYPTION NOT APPLICABLE
3. Credit Card **transmitting of PHI:**
 ROUTER & FIREWALL with ENCRYPTION NOT APPLICABLE
4. E-mail **transmitting digital radiographs & PHI:** We have E-mail Encryption Software in place / **Name of Software:** _____
 SSL in place NOT APPLICABLE
5. **E-Tronic confirmations** to patients (text or email):
 eTronic Hosting Service that has ROUTER & FIREWALL with ENCRYPTION
 In our office ROUTER & FIREWALL with ENCRYPTION
6. **Computer terminals** from which we enter PHI: Unique Password (protected)
 Our Practice Software is in HIPAA Mode to obscure patient last names when patients are in our office dwelling
 We are Microsoft HIPAA Compliant to an updated version (non-XP).
 We use _____ We do not use Microsoft.

7. **Messages** on our telephone answering system:

- Answering Service with a signed **HIPAA Business Associates Agreement** for confidentiality
- Our employees who have HIPAA training and signed Confidentiality Agreement
- We use an Answering Machine

8. Individuals **cell phones** for business conversations and/or texting:

- Our employees who have HIPAA training and signed Confidentiality Agreement
- When texting we do not use patients full name
- We have an encrypted texting software on all cell phones

9. **Faxed Documents:**

- Fax Service with a signed HIPAA Business Associates Agreement for confidentiality
- Our employees who have HIPAA training and signed Confidentiality Agreement

HIPAA MAINTENANCE & PROTECTION of ELECTRONIC PHI for specific JOB TITLE at this location:

Job Title: _____ Name: _____

Signature: _____ Date: _____

IN THE COURSE OF MY JOB, I AM RESPONSIBLE FOR PROPERLY EXECUTING, MAINTAINING AND PROTECTING THE FOLLOWING: (check the appropriate boxes below that pertain to your job):

MY JOB TITLE	Use Computer Terminal for Electronic Patient Chart / Treatment Entry	Use Office Telephone re: Patient Info	Use of Credit Card Payment Terminal	Use Cell Phone or PDA Texting / Email / Calls Involving Pt. Info	Transmit Electronic Faxes Re: Patient info	Use Office Email Re: Patient info	Text Patient Information	Discard of paper Patient PHI via Shredder	Electronic Insurance Claim Entry	Monitor Internet & Software for Office Updates
Doctor										
Dentist										
Pharmacist										
Chiropractor										
Dental Hygienist										
Dental Assistant										
Nurse										
Physical Therapist										
Massage Therapist										
Physicians Assistant										
Office Manager										
Receptionist										

New Employees: Complete this employee document within **60 days** of hire. **Existing Employees:** should update document **once every (2) years**. Completion of this form fulfills our obligation for our Technology Use Agreement and how we handle our ELECTRONIC HEALTH RECORDS (EHR) & PROTECTED HEALTH INFORMATION (PHI) within this office, Please see our HI TECH PACKET for more information HIPAA OMNIBUS RULE CHANGES NEED TO BE TRAINED ON WITH YOUR TEAM IN A SEPARATE MODULE Contact us at: answers@HIPAAOmnibusRule.com for more info REFERENCES: http://www.nixonpeabody.com/publications_detail3.asp?ID=3915 www.HIPAA.org