GHCEpicLink Site Coordinator Agreement

Organization Name (Print)

Name of Individual Requesting Site Coordinator Access Rights (Print)

My organization has a GHCEpicLink Partner Agreement ("Agreement") in place and I am requesting the authority to be assigned the role of Site Coordinator. In doing so, I affirm that I understand the Agreement and accept responsibility for ensuring employees to whom I grant access are properly informed of these same provisions.

SITE COORDINATOR RESPONSIBILITIES

I understand that, as the Site Coordinator, my responsibilities are as follows:

1. Coordinate and assign the appropriate level of access based on job duties, including requesting, modifying and/or terminating user IDs, or assignment, reset and management of passwords.
2. I will ensure that my organization's access into GHCEpicLink is limited to work-related purposes only.
3. I understand that I am responsible for training and education of staff to whom I grant access.
4. I will verify the accuracy of our organization's user list by performing user verification within 15 days of email notification. I understand that all user access will be terminated if user verification has not been completed within the 15-day timeframe and will remain terminated until user verification is completed.
5. I pledge to educate, monitor and act on suspected or known misuse of GHCEpicLink with at least the same degree of diligence in place at GHC-SCW and in accordance with our own organization's policies and applicable laws.
6. I will notify the GHC-SCW Privacy Officer of suspected or known misuse of the system, including breaches, near misses or shared passwords immediately or within at least three (3) work days.
7. I understand our use of electronic information is monitored and we should have no expectation of privacy.
8. I understand that GHC-SCW may periodically audit staff use of GHCEpicLink and I am required to ensure staff confirm appropriate access and respond to the Privacy Officer within five (5) work days. I understand that I may be asked to conduct internal audits of our use of GHCEpicLink and pledge to respond in an accurate, timely manner.
9. I understand GHC-SCW, with 5 work day advance notice to the Site Coordinator, may terminate user access to any individual who has not used the system for the previous 6 months or with reasonable advance notice to the Site Coordinator, immediately terminate access to any individual at any time for suspected/known misuse.
10. I agree to be solely responsible for our own acts, omissions, and negligence and the acts, omissions, or negligence of our employees as described in the Agreement.
11. If I, as Site Coordinator, change my own job status/duties or leave the organization, I take responsibility to ensure GHC-SCW is promptly informed and my employer immediately identifies a new Site Coordinator

Group Health Cooperative
of South Central Wisconsin (GHC-SCW)
Privacy Officer
1265 John Q. Hammons Drive
Madison, WI 53717
P: (608) 662-4899
F: (608) 662-4917
E-Mail: privacy@ghcscw.com

Return completed form to:
GHC-SCW Privacy Officer
1265 John Q. Hammons Drive
Madison, WI 53711
(608) 662-4899
privacy@ghcscw.com (send as PDF attachment)
Fax: (608) 662-4917

GHCEpicLink Partner (Name of Your Organization)

Site Coordinator Last Name (Print) First Name

Street Address (Print)

City (Print) State Zip Code

Phone Number Fax Number

E-Mail Address (Print Legibly)

Authorized GHC-SCW Signature Date

Authorized EpicLink Partner Signature Date

Revised: (02/2019)

Note: Information Above Must be Legible!