

This is a copy of the GHCEpicLink Terms and Conditions that every user must agree to before being allowed access to GHCEpicLink. This copy is being provided for your reference.

I am entering into this EpicLink User Agreement with Group Health Cooperative of South Central Wisconsin (“GHC-SCW”) as an Authorized User.

I need to access patient information provided by the EpicLink Service (“the Service”) for treatment, payment and health care operations activities.

I agree to protect the confidentiality of all information I view or obtain through the Service. Specifically, I agree that I will not access or use any patient information through the Service unless I need that information to perform treatment, payment or health care operations activities. In addition, I will not disclose any patient information I have obtained through the Service unless the recipient needs the information to perform treatment, payment and health care operations.

I agree that I will access this Service only from computers linked to the network run by my employer, noted above and I will not access the Service from any remote location.

Notwithstanding any other provision to the contrary, I am permitted to access, use or disclose patient information to the extent permitted or required by applicable law (comply with mandatory reporting laws).

I will be given a temporary password in order to access the Service and I agree not to disclose my password to any other person. I may change my password at any time and I agree to do so every six months or more frequently if requested by GHC. I am the only person authorized to use my password and I agree that if I believe another person has obtained my password, I will inform GHC and change my password as soon as it is reasonable to do so.

I will not alter the Service in any way. If I believe the software has been altered or if I suspect any problems created by unauthorized data alteration or destruction, I will stop using it immediately and report to the problem to my employer and/or GHC.

I understand that violating patient privacy may be a violation of medical ethics, subject to laws and regulations and GHC policy. If I misuse or violate patient privacy, I understand that such action may result in criminal action.

I understand that GHC will terminate my access to this Service after 180 days of inactivity, without warning. I also understand that access may be terminated for other reasons with sufficient notice as to not compromise patient care and safety.

This Agreement takes effect on the date on which I have signed and will remain in effect until my access to the Service is terminated.

This agreement contains all of the terms of my Agreement with GHC and supersedes any prior or contemporaneous oral or written agreement and/or understandings between me and GHC regarding the subject matter herein.