



## SYSTEM ACCESS CONFIDENTIALITY AND USER AGREEMENT

(For Non-CCA Workforce Members)

I, the undersigned Employee, understand that:

1. I will never disclose my Commonwealth Care Alliance (CCA) credentials (username and/or password) to anyone. I understand that any access, use or disclosure of information with my credentials is my responsibility
2. **I will not access a member record unless I have a business reason to do so.** I will not access any information or system(s) (i.e. eCW, MP, email, etc.) I am not authorized to use or access. This includes personal or family records.
3. I agree to only access the minimum necessary information (and systems) I need to perform my job duties.
4. If I have any reason to believe that the security of my system credentials has been compromised, I will immediately reset my password and notify CCA, as described below.
5. I will protect the privacy and confidentiality of all confidential information, including member/patient protected health information.
6. I will always lock my computer screen whenever I leave my workstation unattended, even for a short period of time.
7. I will not disclose any confidential information, including protected health information, to unauthorized persons or anyone whose job duties do not require access to such information.
8. I will always safeguard all CCA systems and assets, including but not limited to laptops, servers, databases, and similar devices or systems, to which I have access.
9. I will immediately report all security incidents (i.e. loss or theft of any assets, compromised credentials or confidential information, etc.) to my CCA Business Owner or Supervisor, or CCA's Service Center (at 855-222-8324).

### ACKNOWLEDGEMENT

**\*ALL FIELDS REQUIRED. READ CAREFULLY. PLEASE PRINT\***

#### EMPLOYEE REQUESTING ACCESS TO CCA'S system(s) (Please sign and forward to your Direct Supervisor)

I, \_\_\_\_\_ the Employee named below, agree to abide by the above statements, and understand that if I violate any of these provisions, my access to CCA's system(s), may be revoked immediately. If my access to CCA system is no longer necessary to perform my job, I agree to notify my CCA Direct Supervisor or CCA's Service Center (at 855-222-8324).

\*Name: \_\_\_\_\_  
 \*Company: \_\_\_\_\_  
 \*Email: \_\_\_\_\_  
 \*Signature: \_\_\_\_\_

\*Title: \_\_\_\_\_  
 \*Department: \_\_\_\_\_  
 \*Phone: \_\_\_\_\_  
 \*Date: \_\_\_\_\_

#### EMPLOYEE DIRECT SUPERVISOR (Please sign and forward to CCA Business Owner)

I, \_\_\_\_\_ the Direct Supervisor of the Employee mentioned above, confirm that his/her job responsibilities require access to CCA's system, and if access to CCA systems is no longer necessary to perform her/his job duties, I will immediately notify the CCA Supervisor or Business Owner named below, or CCA's Service Center (at 855-222-8324) so access may be terminated promptly.

\*Name: \_\_\_\_\_  
 \*Company: \_\_\_\_\_  
 \*Email: \_\_\_\_\_  
 \*Signature: \_\_\_\_\_

\*Title: \_\_\_\_\_  
 \*Department: \_\_\_\_\_  
 \*Phone: \_\_\_\_\_  
 \*Date: \_\_\_\_\_

#### CCA BUSINESS OWNER (Please sign and forward to Information Privacy & Security Officer and/or designee)

I, \_\_\_\_\_ the CCA Business Owner, request to grant the access level listed below to the employee above, agree that the user's job responsibilities require this type (eCW, MP, email, etc.)/level (RN, NP, Read Only, etc.) of access to CCA's system(s), and if this access is no longer necessary, or upon notification from the above mentioned Employee or Direct Supervisor I will immediately notify CCA's Service Center (at 855-222-8324) or Information Privacy & Security Officer.

\*Name: \_\_\_\_\_  
 \*Department: \_\_\_\_\_  
 \*Email: \_\_\_\_\_  
 \*Signature: \_\_\_\_\_  
 \*Access type/level: \_\_\_\_\_

\*Title: \_\_\_\_\_  
 \*Entity (CCA, CCC, CCACGE, CCACGW): \_\_\_\_\_  
 \*Phone: \_\_\_\_\_  
 \*Date: \_\_\_\_\_