USER ADMINISTRATOR AGREEMENT

As a condition of being designated as a User Administrator by my organization,

I, _____, agree to comply with the following terms and conditions:
        (Print First and Last Name)

USER ADMINISTRATOR RESPONSIBILITIES:

By initialing each of the following statements below, you are indicating agreement and understanding with each of the User Administrator responsibilities

_____ I have been trained by Reliance staff on how to add new users, create relationships between users and providers, and give users the appropriate level of access to the Reliance Community Health Record. Appropriate user access to the Reliance Community Health Record is based on each user's job responsibility and their need-to-know a patient's Protected Health Information (PHI). Users should only receive access to the minimum functions and privileges required for performing his/her job.

_____ I will enter and create relationships between users and providers within the organization based on their support relationship with the providers. I understand that by creating a relationship from a user to a provider, I am giving them access to patients' PHI in the Reliance Community Health Record.

_____ I am responsible for basic user maintenance (e.g. unlocking user accounts and changing user passwords, terminating users who are no longer with the organization or who no longer need access to Reliance); and I will perform user maintenance activities in a timely manner, so not to inhibit a user's access to Reliance's Community Health Record.

_____ If a user moves to a new job responsibility that also changes their need for access to patients' PHI, I will make the necessary user role changes in the Reliance Community Health Record on the day their job function changes.

_____ At the time a user is no longer associated with or employed by the organization for any reason, I will terminate the user's access to Reliance upon their last working day. If the user is also a provider in Reliance, I will notify Reliance by completing the Provider Change Form.

_____ I have been advised to obtain a signed Reliance Confidentiality Agreement for each user, and I will maintain a completed Confidentiality Agreement in each employee's file.

_____ If I am no longer able to serve as the User Administrator for my organization, I will notify Reliance upon the decision to terminate this role and will assign another User Administrator in my organization to perform this role.

_____ I acknowledge that Reliance will be performing random compliance audits, for which I will cooperate, in order to ensure that all users in my organization are in good standing with Reliance policies governing use of the Community Health Record.

User Administrator Signature: _____   Date: _____

Organization Name: _____