



Wyoming Medical Center
Third Party Access Agreement
Electronic Access Memorandum of Understanding
Access to Cerner _____
Access to Meditech _____

1233 East 2nd Street
Casper, WY 82601
Phone: 307-577-4357
e-mail to: external@wyomingmedicalcenter.org

Organization Certification:

Employer/Practice Name:

Address/City/State:

Primary Contact Name:

Telephone: Fax: E-mail:

Technical Contact: Job Title:

Telephone: Fax: E-mail:

Preferred Method of Communication: E-mail Letter Telephone

Authorized Requestor Signature:

As a condition of receiving access to electronic protected health Information (PHI) that is created, stored, or maintained within application controlled by Wyoming Medical Center, I agree to the following:

1. I agree to respect and maintain the confidentiality of all patient information and agree not to disclose confidential information except as required by state or federal laws or regulations. I will not access patient information beyond that necessary to fulfill the responsibilities of my job. I will not have any discussions about or reveal any patient specific information ("Protected Health Information") to any third party or to any employee not required to utilize such information in his or her job responsibilities. I will disclose Protected Health information to the minimum extent necessary.
2. I agree to comply with all applicable laws, regulations and Wyoming Medical Center procedures pertinent to ePHI security. I understand and agree that it is my obligation to ask questions and seek guidance if I have any questions about these standards or if I do not understand any aspect of how the standards apply to my job responsibilities. I agree to report to my supervisor or to the Privacy Officer or information Security Officer of Wyoming Medical Center any known or suspected violation of any of these standards.
3. I will notify my supervisor or the Privacy Officer of Wyoming Medical Center immediately in the event (a) I commit a breach of the Agreement, (b) I learn of a breach of this agreement, (c) I am requested to breach this Agreement by a third party or fellow employee or (d) I learn about any actual or requested disclosure or requested disclosures of confidential information of PHI not permitted by law.
4. I understand that I am responsible for all activity involving my login ID. I agree to keep my log-in and password secure. I will change my password if the security of the password is believed to be breached or compromised.
5. I understand that Wyoming Medical Center has the right to monitor, inspect or examine at any time all Wyoming Medical Center information systems without the consent, presence, or knowledge of the involved users. I understand that Wyoming Medical Center may terminate my access to its system permanently and/or without warning if violations of this agreement occur.

