

UnityPoint Health INFORMATION SECURITY AGREEMENT

Patient, financial, and other business-related information in any form, electronic or printed, is a valuable asset, and is considered private and sensitive. Employees, physicians, physician office staff, consultants, vendors, contracted agency staff, and students may have access to confidential information in the performance of their duties. Those charged with this responsibility must comply with information confidentiality/security policies in effect at UnityPoint Health (UPH) and its affiliates. This agreement applies regardless of the method of access used.

In consideration of being allowed access to UnityPoint Health information systems, I, the undersigned, hereby agree to the following provisions:

1. I agree to abide by all present and future confidentiality/security policies and procedures for UPH and its affiliates. I understand that such policies and procedures are available on the Intranet or have been provided directly to me.
2. I will not operate or attempt to operate computer equipment without specific authorization.
3. I will not demonstrate the operation of computer equipment or applications to anyone without specific authorization.
4. I agree to maintain a unique password, known only to myself, to access the system to read, edit and authenticate data. I understand that my unique password constitutes my electronic signature and that it should be treated as confidential information. I agree not to share my password with any other individual or allow any other individual to use the system once I have accessed it. I understand that I may change my password at any time.
5. I agree only to access the patient, financial, and/or other UPH business-related information needed for the performance of my duties and responsibilities. I understand that accessing my own patient record or the patient records of my family members is only appropriate to do via the Patient Portal or through the Release of Medical Information process. I agree that I will not use my access granted to me for my job role to look at my record or the records of my family members or others, unless it is in accordance with my professional job duties and responsibilities.
6. I will contact my supervisor, the affiliate compliance officer or Information Security Officer (ISO), or the IT department if I have reason to believe the confidentiality and security of my password has been compromised.
7. I will not disclose any portion of the computerized systems to any unauthorized individuals. This includes, but is not limited to, the design, programming techniques, flow charts, source code, screens, and documentation created by employees, outside resources, or third parties.
8. I will not disclose any portion of the patient's record except to a recipient designated by the patient or to a recipient authorized by UPH who has a "need to know" in order to provide continuing care of the patient.
9. I understand that applications are available outside of the UPH network via various remote access methods (i.e. Dial-up, VPN, Citrix, and/or Web), and I agree to abide by the following when accessing UPH computer systems from remote locations:
 - a. I will only access UPH computer systems from remote locations if I am authorized to do so.
 - b. I will use discretion in choosing when and where to access UPH computer systems remotely in order to prevent inadvertent or intentional viewing of displayed or printed information by unauthorized individuals.
 - c. I will use proper disposal procedures for all printed materials containing confidential or sensitive information.
 - d. I understand that if I choose to use my personal equipment to access UPH computer systems remotely, it is my responsibility to provide internet connectivity, configure firewall and virus protection appropriately, and to install any necessary software/hardware. UPH is not responsible if the installation of software necessary for accessing UPH computer systems remotely interferes or disrupts the performance of other software/hardware on my personal equipment.
 - e. I understand that by using my personal equipment to access UPH computer systems that my computer is a de facto extension of the UPH network while connected, and as such is subject to the same rules and regulations that apply to UPH owned equipment.
10. I agree to report any activity which is contrary to UPH policies or the terms of this agreement to my supervisor, the affiliate compliance officer, or a security administrator.
11. If I will be using a mobile device to access the UPH network or network services (through a personally-owned or UPH-owned device) that include, but is not limited to, email, VPN, or other remote access capabilities, I will allow UPH limited control of my mobile device for the protection of UPH data and its assets. For this context a mobile device is currently identified as a mobile phone, tablet, or other miniaturized computing system. This limited control can include the enforcement of a password/pin and/or remote wiping of the mobile device in the event of loss or theft or other factors that may present a risk of harm to the UPH network, its data, or applications.
12. I agree to comply with all relevant UPH Compliance Policies, including but not limited to the Mobile Device Policy.

I understand that I must sign this Agreement as a precondition to issuance of a computer password for access to the UPH network and/or patient information and that failure to comply with the preceding provisions will result in formal disciplinary action, which may include, but will not be limited to, termination of access, termination of employment in the

case of employees, termination of agreements in the case of contractors, or revocation of clinical privileges in the case of medical staff members, taken in accordance with applicable medical staff by-laws, rules and regulations.

- In the event of loss or theft of my device, I agree to the remote wiping of all content on my mobile device, including any personal information I may have stored on the device, such as (but not limited to) photos, videos, and other content stored on the hard drive of the device.
- In the event of an investigation or inquiry by the internal compliance department or the government, or in the event of litigation, I agree to provide UnityPoint Health and/or its affiliate(s) with access to my device to copy and retain information related to the investigation, inquiry or litigation. I understand that UPH will take reasonable steps to limit access to personal information, such as using key word searches to identify relevant material.

PRINT NAME _____

SIGNATURE _____ DATE _____

DEPARTMENT _____

COMPANY _____