

REMOTE ACCESS ACKNOWLEDGEMENT

I, _____, an office staff member of _____, have requested access to *myBeaumontConnection* and acknowledge that I have read and agree to the following:

✓	Please click each item below that you have reviewed
<input type="checkbox"/>	Click to review " How to keep patient data and Beaumont Health safe and secure "
	I have received instruction about a healthcare provider's legal obligations to protect the confidentiality, integrity and availability of PHI. I understand these legal obligations apply equally to Beaumont Health and to my employer. I further understand that my employer is legally responsible for my activity in accessing Beaumont Health's computer network and PHI contained on that network.
	I understand that PHI is to be accessed, used and disclosed only by authorized persons, and only as minimally necessary to allow me to perform my job function. I will use, disclose, handle, store and dispose of PHI in a manner that ensures to the best of my ability that confidentiality, integrity and availability are maintained.
	I understand that all access to Beaumont Health's computer network and PHI will be monitored. I will not give my Beaumont Health computer network identifier (logon) and password to any else, or allow anyone else to access, use or alter PHI using my computer network identifier and password. I will not use anyone else's computer network identifier and password to access PHI.
—	I will not seek to benefit inappropriately (or assist others in benefiting inappropriately) as a result of access to and/or use of Beaumont Health's computer network and/or PHI.
	If I become aware of any activity or situation within my office that I reasonably believe may put Beaumont Health's computer network and/or PHI at risk, or that may violate any federal or state law or regulation concerning the privacy and security of PHI, I will immediately notify my supervisor, and/or will report such information to Beaumont Health's Compliance Department, Legal Affairs Department or via Beaumont Health's Business Practices Hotline 1.877.OAK.LINE.

Office Staff Signature _____ **Date** _____

Please complete, print, sign and give this form to your office *myBeaumontConnection* site administrator.

Site administrator must retain this document for audit purposes.