



Company Name: _____ (“Company”)

iSYSTOC ACCESS AND CONFIDENTIALITY AGREEMENT - PAGE # 1 of 2

As a customer of INTERMOUNTAIN HEALTHCARE WorkMed (“WorkMed”) using iSYSTOC, Company’s employees have access to certain confidential information, which includes information about injured patients, substance abuse screening results for employees who work for or have applied , Company, and other similar information (hereinafter, “confidential information”). The purpose of this agreement is to, among other things, help Company and its employees understand their responsibilities regarding safeguarding this confidential information, and to confirm and obtain Company’s agreement to protect this confidential information from unauthorized disclosures

As a condition of and in consideration of Company and its employees being given access to confidential information, Company agrees that:

1. Each Company employee who will access iSYSTOC must read and sign the iSYSTOC Individual Access and Confidentiality Agreement.
2. Company agrees to inform WorkMed in writing within 24 hours should any employee no longer require access to iSYSTOC due to termination of employment, a change in responsibilities, and/or any other reason.
3. Company agrees to indemnify and hold WorkMed (and its officers, employees, agents, successors and assigns) harmless from and against any claim, damage, expense or other matter arising from or in any way relating to: (i) the unauthorized disclosure of the confidential information by Company and/or Company’s employee’s, agents, or other representatives and/or (ii) the failure of Company, and/or Company’s employees, agents, or other representatives to comply with any and all applicable laws and polices which may pertain to the use, disclosure and review of the confidential information.

Confidential information is valuable and sensitive and is protected by law and by strict WorkMed policies. The intent of these laws and policies is to ensure that confidential information will remain confidential. Company’s principal obligations in this area are explained above. Company agrees to require its employees, agents, and other representatives who will have access to the confidential information to read and to abide by these laws, rules, and polices. The violation of any of these laws, rules and/or polices will subject Company and its employees to liability and discipline, which may include, but is not limited to, termination of rights to use iSYSTOC and to legal liability.

Authorized Company Representative Signature

Title

Date

Official Company Name

Phone Number

**SCAN and E-MAIL a signed copy of this document to: iSystocWM@imail.org
INTERMOUNTAIN HEALTHCARE
iSystoc Administrators**

TO EMPLOYER: Retain a signed copy of this document on file at your company. You may be requested to present it periodically

<i>For INTERMOUNTAIN HEALTHCARE Internal Use Only</i>		
_____ <i>I/S Staff Approval Signature</i>	_____ <i>Date Approved</i>	_____ <i>Systoc Company ID</i>



Company Name: _____ "Company"

Employee needing access: _____

iSYSTOC ACCESS AND CONFIDENTIALITY AGREEMENT - PAGE # 2 of 2

As an agent, employee, or other representative of a customer of INTERMOUNTAIN HEALTHCARE WorkMed ("WorkMed") using iSYSTOC, you have access to certain confidential information, which includes information about injured patients, substance abuse screening results for employees who work for or have applied to your organization, and other similar information (hereinafter, "confidential information"). The purpose of this agreement is to, among other things, help you understand your responsibilities regarding safeguarding this confidential information, and to confirm and obtain your agreement to protect this confidential information from unauthorized disclosures.

As a condition of and in consideration of your access to confidential information, by your signature below you agree that:

1. You will use confidential information only as needed to perform your legitimate duties as a representative of your employer. This means, among other things, that:
 - a. You will only access confidential information for which you have a legitimate need to know to accomplish your specific job duties;
 - b. You will not in any way divulge, copy, release, sell, or loan any confidential information except as properly authorized within scope of your professional activities;
 - c. You will not misuse confidential information or otherwise carelessly handle confidential information; and
 - d. You will comply with any applicable federal or state laws, which may govern the confidential information and the use, disclosure, and review thereof.
2. You will safeguard and will not disclose your access code that allows you to access confidential information.
3. You accept responsibility for all activities undertaken using your access code.
4. You will report activities by any individual or entity that you suspect may compromise the confidentiality of confidential information. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.
5. You understand that your obligations under this Agreement will continue after termination of your use of iSYSTOC and your current employment. You understand that your privileges hereunder are subject to periodic review, revision, renewal, and termination.
6. You understand that you have no right or ownership interest in any confidential information referred to in this Agreement. WorkMed may at any time revoke your access code, with or without notice to you.
4. You agree to inform WorkMed in writing within 24 hours should you no longer require access to iSYSTOC through termination of your employment, a change in responsibilities, or determining that you will not be using iSYSTOC.

Confidential information is valuable and sensitive and is protected by law and by strict WorkMed policies. The intent of these laws and policies is to ensure that confidential information will remain confidential. Your principal obligations in this area are explained above. You agree to read and to abide by these laws, rules, and policies. The violation of any of these laws, rules, and policies, will subject you to liability and discipline, which may include, but is not limited to, termination of rights to use iSYSTOC, termination of employment, and/or to legal liability.

I hereby acknowledge, understand, and agree to the terms and conditions set forth above.

Printed Name Employee Requesting Login

Signature of Employee Requesting Login

Date

Employee Work Phone Number

Signature of Authorized Company Contact

Date

SCAN and E-MAIL a signed copy of this Document to iSystoc Administrators: iSystocWM@imail.org

Official Company Name

E-mail address (iSYSTOC login will be sent to this address)

(
TO EMPLOYER: Retain a signed copy of this document on file at your company. You may be requested to present it periodically.

For INTERMOUNTAIN HEALTHCARE Internal Use Only			
_____ I/S Staff Approval Signature	_____ Date Approved	_____ Systoc Company ID	_____ User ID