

## Oregon ESSENCE Confidentiality Agreement

I understand that I have access to confidential information in the Oregon ESSENCE system. This information consists of emergency department records and/or Oregon reportable disease records (Orpheus) records. By signing this statement, I acknowledge that I understand my responsibility to protect this information and agree to the following:

- I have carefully reviewed and will remain familiar with all confidentiality policies described in the Oregon ESSENCE Confidentiality Policy (referred to as "the Policy").
- I will adhere to all security policies and procedures described in the Policy.
- I will access information only for the purposes described in the Policy.
- I will release information only as permitted in the Policy.
- I will not discuss confidential information found in Oregon ESSENCE with individuals who are not authorized to know.
- I will immediately report any suspected breach to the Oregon ESSENCE program staff.
- I will maintain the confidentiality of these data as specified in the Policy even after I no longer have access to Oregon ESSENCE.
- I will consult with Oregon ESSENCE before publishing these data.

Failure to abide by this agreement may result in immediate termination, suspension or revocation of access to Oregon ESSENCE for yourself and other Authorized Users at your facility.

\*\*\*\*\*Complete all Areas Below to Request Access to ESSENCE \*\*\*\*\*

### 1. Data request details.

Data Source	Requesting access? Circle Yes or No	What do you intend to do with access to ESSENCE? Describe in the space below	How long do you need access? Project end date
Emergency Department	<input checked="" type="radio"/> Yes <input type="radio"/> No	I WORK IN TRANSPORTATION safety and will seek data related to CRASHES/injury	1 year
Orpheus Only available to current Orpheus users	<input type="radio"/> Yes <input type="radio"/> No		

### 2. Do you plan to publish these data? Circle Yes or No

### 3. User Details

Name: <u>PATY McMillan</u>	Job title: <u>PROGRAM COORDINATOR - SAFE Communities</u>
Phone number: <u>(503) 742-4661</u>	Email: <u>pmcmillan@clackamas.us</u>
OR number or P number (if you have one):	

4. Authorized User signature: Paty McMillan Date: 9/29/15

Request validated: Confirmed ☐ Changed/denied ☐ Initials \_\_\_\_\_ Date \_\_\_\_\_ Username created and access assigned: Initials \_\_\_\_\_ Date \_\_\_\_\_  
 Access verified: Confirmed ☐ Changed/denied ☐ Initials \_\_\_\_\_ Date \_\_\_\_\_ Account activated and user emailed: Initials \_\_\_\_\_ Date \_\_\_\_\_  
 Notes: