

## HEALTH PARTNER CONFIDENTIALITY STATEMENT

Patient and the family members of patients are the top priority of Corewell Health. No matter what your role is in healthcare, what you do impacts patients and their families. One of the best ways we can ensure our visitors and patients are treated with the respect and dignity we value at Corewell Health is to maintain their confidentiality and protect the security of data and data system(s), to which you are being granted access.

**In response to this, I agree not to:**

- access, disclose, discuss or otherwise reveal any Protected Health Information as defined by the Health Insurance Portability and Accountability Act (HIPAA) regarding patients/employees of my organization except that which is required in the course of performing my job duties;
- share or disclose my PureOHS Employer Portal user ID or password; use another person's user ID or password or leave my computer unattended while logged into PureOHS Employer Portal;
- access a file or retrieve any stored information unless I am specifically authorized to do so by Corewell Health Occupational Health or as is required in the course of my job duties;
- access, discuss, disclose, e-mail or otherwise reveal any information collected by Corewell Health regarding care, treatment or services rendered by any staff members of Corewell Health and its affiliated network except as required in the course of performing my job duties;
- access my own personal health information on PureOHS Employer Portal; this information must be obtained directly from Corewell Health Occupational Health in accordance with Corewell Health's current Health Information Management Services (HIM/Medical Records) policy; and
- access any of my relatives individually identifiable health information on PureOHS Employer Portal unless required in the course of performing my job duties.

Communications using Corewell Health information systems are monitored for compliance. I understand that non-compliance with this policy could result in disciplinary action, including removal of access to our data and/or legal prosecution.

**Please return this form by fax 616-267-9033 or email to [OccServ@spectrumhealth.org](mailto:OccServ@spectrumhealth.org)**

Signature		Job Title	Date
Print First Name	MI	Last Name	Last 4 Digits of SSN
E-mail Address			Phone
Name of Organization		Address	

\_\_\_\_ I would like to receive email notifications from PureOHS when employee information is available for review

\_\_\_\_ I would like to receive email notifications from PureOHS when a non-injury invoice is available for review