alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

Attn: Information Systems
1900 Embarcadero Cove, Suite 400
Oakland, California 94606
(510) 567-8181 / Fax (510) 567-8161
QIC 28004

BHCS SYSTEMS & DATA
Confidentiality, Security and Usage Agreement

Systems
InSyst, Clinician's Gateway, eCURA, Yellowfin, CANS/ANSA, MEDS, etc.

Purpose
The purpose of this agreement is to establish an environment of security for the electronic storing and usage of client confidential information and records including the usage of portable electronic devices for this purpose.

Background
Any person accessing Alameda County BHCS (Behavioral Health Care Services) data is required to protect confidential information relating to clients, patients, and residents on a daily basis, and have a duty to protect this information from loss, theft, or misuse whether the information is in paper or electronic form. Additionally, users are required to protect any electronic device assigned to them or in their possession used to gain access to BHCS systems.

Confidential Information
Confidential Information shall include all Alameda County BHCS systems, documents, data, and other materials. User agrees that the Confidential Information is to be considered confidential and shall hold the same in confidence, shall not use the Confidential Information other than for the purposes of its business with BHCS, and shall disclose it only to its authorized employees or other authorized users with a specific need to know. User will not disclose, publish or otherwise reveal any of the Confidential Information and must use secure email for any communications outside of Alameda County regarding Confidential information. ➡ _____Initial

Secure and Private Work Environment
User is responsible for taking proper security and privacy precautions ensuring a secure and private work environment while utilizing portable devices in order to safeguard client information displayed. ➡ _____Initial

Security Agreement
User agrees to the stated required security criteria in order to access and utilize the BHCS systems.

I understand that sharing my account ID and password, client information or any breach of security is a HIPAA (Health Insurance Portability and Accountability Act) violation which may result in prison, fines up to $25,000 and/or revocation of my license. ➡ _____Initial

I attest that I have completed HIPAA security and privacy requirements training for protecting the confidentiality, integrity, and availability of protected health information under HIPAA within the past 12 months.

➡ _____ _____ _____
User Signature User Printed Name Date

The supervisor agrees 1) to employee's usage of the system and 2) to provide information and direction for secure uses and practices while utilizing network resources.

The supervisor attests that the user has 1) signed an Oath of Confidentiality, 2) signed an Ethical Conduct Policy and 3) been trained in HIPAA security and privacy requirements.

➡ _____ _____ _____
Supervisor Signature Supervisor Printed Name Date