

**Confidentiality Agreement**  
**UC Davis Data Coordinating Center (DCC)**  
**UC Davis Health System (UCDHS) - Division of Burn Surgery**  
**2425 Stockton Blvd, Suite 555, Sacramento CA, 95817**

Please complete this form and mail, fax, or email to the UC Davis Data Coordinating Center.  
Fax: (916) 703-9124 **Cover Sheet required - ATTN: Deb Lee**  
Email: [deborah.lee@ucdmc.ucdavis.edu](mailto:deborah.lee@ucdmc.ucdavis.edu)  
If you have any problems or questions, call 916 703-9111.

AUTHORIZED USER OF COMPUTER EQUIPMENT AND PROGRAMS HOSTED AT UCDHS/DCC

\_\_\_\_\_  
Name (Please **type** or **print**) Last, First, Middle (if none write **NMI** - No Middle Initial)

\_\_\_\_\_  
Department/Agency/University/Hospital

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Requestor's Direct Supervisor/Manager

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email address of Requester's Direct Supervisor

Requester's SSN or National ID (last 4 digits of #) \_\_\_\_\_

I acknowledge that I have received information emphasizing that I must preserve the confidentiality of all information regarding patients, personnel, health system finances, and all other aspects of health system operations. I assume the responsibility for keeping my security code (password) secure and confidential at all times.

I agree not to share my password with any other individual or allow any other individual to use the system once I have accessed it. I understand that I may have my password changed at any time by the system administrator. If I have reason to believe the confidentiality and security of my password have been compromised, I will report this information to the UCDHS/DCC system administrator and my supervisor immediately. If my system(s) access is no longer required, I will notify my project's PI for termination.

UCDHS/DCC Policies and Procedures, as well as State and Federal regulations require that individuals may only access confidential patient information to the extent that they must do so in order to properly perform their clinical or administrative job function. Individuals are subject to monitoring and tracking. Individuals are restricted to accessing only the minimum necessary information. Accessing confidential patient information for purposes unrelated to an individual's primary job function is a violation of state and federal law and UCDHS/DCC Policies. All violations must be reported immediately to the systems administrator for potential mandatory reporting requirements under state and federal law. Individuals may be held personally liable for fines and penalties related to inappropriate access, use, or disclosure of protected information under the law.

\_\_\_\_\_  
REQUESTER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DIRECT SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE