

In using iSystoc, I agree to adhere to the Occupational Health Group (OHG) data privacy and security policies and to the following conditions:

## INITIAL EACH STATEMENT

1. \_\_\_\_\_ **Passwords.** iSystoc users are responsible for keeping all login user IDs and passwords secure. Logins are not to be shared under any circumstances. The iSystoc user is responsible for information obtained using their login.
  - a. The iSystoc user will be given a password by the OHG iSystoc Administrator.
  - b. The employer will notify OHG of all employee terminations. This will allow OHG to remove the iSystoc password.
  - c. The iSystoc user is responsible for notifying the OHG iSystoc Administrator promptly when login information has been compromised.
  - d. Failure to maintain confidentiality of individual passwords, in accordance with this policy, will result in the forfeiture of access to iSystoc.
2. \_\_\_\_\_ **Replication of Data.** Any information viewed through iSystoc is strictly confidential and may not be copied, saved to any remote or portable device, disclosed to or shared with any other person for any purpose, except as may be required in the course of duties and responsibilities and in accordance with applicable legislation and policies governing proper release of information.
3. \_\_\_\_\_ **Logging Off.** The iSystoc user is responsible for logging off of the iSystoc session when the workstation is unattended.
4. \_\_\_\_\_ **Reporting Incidents.** In the event that any information, including personal health information (PHI), is intentionally or unintentionally disclosed or if equipment is lost or stolen, notify the iSystoc Administrator promptly.
5. \_\_\_\_\_ **Print Destination.** Printing can create uncertainty as to the destination printer. Please verify where your printing will take place before attempting to print confidential information, including PHI.
6. \_\_\_\_\_ **Clinical Information.** Clinical Information may be used only for the approved purpose of continuity of care as permitted by federal HIPPA regulations.
7. \_\_\_\_\_ **HIPPA Violations.** Anyone violating patient privacy and patient confidentiality may be punished by civil or criminal penalty (including fines up to \$250,000 and imprisonment) under federal law. Inappropriate access may be reported to the Office of Civil Rights for action.
8. \_\_\_\_\_ **Compliance.** Failure by any party to maintain patient confidentiality as defined in OHG HIPPA, security, and confidentiality policies; and in accordance with state and federal laws, will result in the forfeiture of access to iSystoc. Reinstatement is at the discretion of the iSystoc Administrator.
9. \_\_\_\_\_ **Support.** For iSystoc support, call the OHG iSystoc Administrator, 256-265-0063.
10. \_\_\_\_\_ **Signed Affirmation Statement.** Attached for Employers

**Failure to adhere to the above mentioned criteria will cause termination of iSystoc access rights. HIPPA violations may be punished by civil or criminal penalty under federal law.**

I have reviewed/initialed the conditions for iSystoc access and agree to all the terms listed above.

Company Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Company Name \_\_\_\_\_



**OCCUPATIONAL HEALTH GROUP  
iSYSTOC AFFIRMATION STATEMENT  
ON SECURITY AND PRIVACY OF INFORMATION**

I, the undersigned, have read and understand the Occupational Health Group (OHG) policies on confidentiality of protected health information (PHI), which is in accordance with applicable state and federal law. Additionally, I am aware of and understand the policies of OHG regarding the security of protected health information including policies relating to the use, collection, disclosure, storage and destruction of protected health information.

In consideration of association with OHG, and as an integral part of the terms and conditions of my association, I hereby agree, pledge and undertake that I will not at any time, during my association with OHG, or after my association ends, access or use PHI, or reveal or disclose to any persons within or outside any confidential information, including PHI, except as may be required in the course of my duties and responsibilities and in accordance with applicable legislation and policies governing proper release of information.

I understand that user identification codes and passwords are not to be disclosed (or shared), nor should any attempt be made to learn or use another associate's code.

I understand that I assume responsibility for the actions of my employees or office staff to comply with the Security and Privacy of Information Policy.

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**I understand that violation of this affirmation statement could result in disciplinary action up to and including termination of access to iSystoc systems. Additionally, federal law provides for the imposition of fines and imprisonment pursuant to HIPPA violations,**

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**OCCUPATIONAL HEALTH GROUP  
iSYSTOC ACCESS REQUEST FORM**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Employee ID # or last 4 digits of SS#

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Alt. Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email Address

I, \_\_\_\_\_ request that \_\_\_\_\_ be allowed access to the iSystoc system effective \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
**Signature of Company Coordinator:**

\_\_\_\_\_  
**Print Name:**

\_\_\_\_\_  
**Date:**

Email completed forms to: [debbie.mcculley@hgala.org](mailto:debbie.mcculley@hgala.org)

**Contact Info:**  
Occupational Health Group  
Attn: Debbie McCulley  
6767 Old Madison Pike, Building 4, Suite 400  
Huntsville, AL 35806  
256-265-0063