VISTA
PATHOLOGY LABORATORY

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Online Provider Portal Confidentiality & Security Agreement

Lab email: info@vistapathology.com)

I understand that Vista Pathology Laboratory, LLC (Vista) has a legal and ethical responsibility to safeguard the privacy of their patients and the confidentiality of their patients' health information. Vista must also assure confidentiality of its research, internal reporting, strategic planning, communications, computer systems and management information (in conjunction with identifiable patient health information: "Confidential Information").

I understand that within my role as a user of Vista's online Provider Portal, I will have access to confidential information. I will only access and use this confidential information when required to perform my duties, and protect it in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules and other applicable state and federal laws. I also understand that I must sign and comply with the guidelines of this agreement to request/obtain credentials to access Vista's information systems, and that I should address any questions to the lab administration.

- I will not disclose or discuss any confidential information with anyone that is without a need to know, including but not limited to friends and family.
- I will not in any way divulge copy, release, sell, loan, alter, or destroy any confidential information except as properly authorized.
- I will not make any unauthorized transitions, inquiries, modifications, or purges of confidential information. All patient information is part of the medical-legal record.
- I will practice secure electronic communications by transmitting confidential information only to authorized entities, in accordance with approved security standards.
- I will practice good workstation security measures such as positioning screens away from public view, locking my terminal when away, and signing off when finished.
- I will also ensure proper storage and disposal of printed copies of data containing confidential information.
- I will only access Vista's systems from a device with active internet security.
    - I will only use my assigned username & password.
    - I will never share/disclose my or another's access credentials.
    - I will never use tool/techniques to break/exploit security measures.
    - I will never connect to unauthorized networks through the system or devices.
- I will immediately notify Vista's administration if my password has been seen, disclosed, or otherwise compromised. I'll also report activity that violates this agreement or any other incident that could have any adverse impact on Confidential Information.
- I understand that I am not allowed to unnecessarily access any medical record unless it is a required part of my job. This restriction to access only those records required by my job includes the following medical records, even if I have the ability to access them:
    - My own medical record, any part of it.
    - My family members, including spouse, partner, children, siblings, and parents unless required to as part of my job.
    - I understand that if I would like to access my own medical record I will have to sign an authorization form available from Vista's administration.
- I understand that Vista may use human or automated means to monitor system activity and handling of confidential information.
- I understand that violation of the agreement may result in termination or change in my password, account or use of all or any part of my access without notice.

As a user of Vista's online Provider Portal, my signature below acknowledges that I have read this agreement and I agree to comply with all of the terms and conditions stated above. I will immediately notify Vista administration of any unassociated cases on my portal list, or of other issues that may compromise the confidentiality terms above. If I am designated as a Site Administrator, I also take responsibility for granting access to other personnel within my facility, at my discretion, and commit to holding these users to the same terms and conditions. I will promptly delete users who no longer require access.

Printed Name & Title: _____ Last 4 of SSN: _____

Signature: _____ Facility: _____

E-mail address for return confirmation & credentials: _____ Date: _____