

**APPENDIX 1
OREGON PUBLIC HEALTH EPI USER SYSTEM (Orpheus) ASSURANCE OF
CONFIDENTIALITY**

As an employee in the Center for Public Health Practice (CPHP) of the Oregon Health Authority’s Public Health Division (PHD) or an affiliated Local Public Health Authority (LPHA), or as a subcontractor, student, intern, or visiting professional, I understand that I may have access to confidential information about persons with reportable diseases, persons counseled during clinical or prevention activities, study participants or clients of sites involved in our work. This information includes surveillance records, electronic and paper records of information obtained during an interview or counseling session or through other related contacts. Information may also come from health care providers, medical/ health clinics, drug treatment centers, jails, and other institutions. Examples of confidential information include but are not limited to names, addresses, telephone numbers, sexual and drug-use behaviors, medical, psychological and health related conditions and treatment, religious beliefs, finances, living arrangements and social history. **By signing this statement, I acknowledge that I understand my responsibility to protect this information and agree to the following:**

- I have carefully reviewed and will remain familiar with all security policies and procedures described in the *Oregon Public Health Epi User System (Orpheus) Security Policies*.
- I will adhere to all security policies and procedures described in the *Oregon Public Health Epi User System (Orpheus) Security Policies*
- I will access information only for the purpose of carrying out the duties of my position.
- I will not release or make public, except as required by law, individual case information including demographic data and client contacts.
- I will not discuss confidential information with people who are not authorized to know, view or use this information, and/or who do not have a need to know the information.
- I will not access information or records concerning patients, clients or study participants, or a confidential document, nor ask questions of clients during interviews for my own personal information.
- I will secure confidential information when not in use and before leaving my work station.
- I will adhere to the established procedures for shredding paper documents and deleting electronic files containing confidential information.
- I will immediately report any suspected security breach to the Overall Responsible Party (ORP) or their designee.
- I understand that I am responsible for preventing unauthorized access to or use of my keys, passwords or security codes.
- I agree not to use another person’s password to access information and I will not disclose my own.
- I will obtain approval from the ORP or designee before transporting confidential information outside of the secure surveillance area.
- I understand that I might be subject to periodic audit of my Orpheus data use activities and investigation of any irregular data use patterns.
- I understand that a breach of security or confidentiality may be grounds for disciplinary action which may include termination of employment.

Employee’s Printed Name _____ Date _____
 Employee’s Signature _____ Citrix ID number (P or OR #) _____
 Employee’s E-mail Address _____ Work phone _____
 Overall Responsible Party’s Printed Name _____
 Overall Responsible Party Signature _____
 Export Location (put NA if you don’t export) _____
 Date of most recent Security & Confidentiality training _____
 Check all program areas (yes AND no) for this user.

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Enteric | Hepatitis | Vaccine Preventable | Pertussis | Vector borne | Misc CD | Animal bites | Prion/CJD | MDRO | STD | Syphilis | TB | LTBI | HIV/AIDS* | Lead | Env Exp | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | More Information: | | | | | | | | | | | | |
| Outbreaks | Case Log | CIN* | ABCs* | | | | | | | | | | | | | |

List all jurisdictions (counties) user will have access to _____

*Requires additional approval from OHA.