



## South Carolina Department of Health and Environmental Control CHES User Confidentiality Agreement

This Agreement governs my access to CHES (Carolina's Health Electronic Surveillance System), developed and maintained by the South Carolina Department of Health and Environmental Control (DHEC).

CHES (Carolina's Health Electronic Surveillance System) is a statewide, confidential, computerized database of patient information. CHES records constitute confidential information that may include, but is not limited to, patient identifiable and protected health information. Users of CHES are required by law to safeguard the confidentiality and security of this information. Access to CHES is by individual user identification and password.

THEREFORE, as a condition to receiving access to CHES, I agree as follows:

- I will attend all DHEC training required for CHES access.
- I understand that CHES information is confidential patient information that should only be disclosed to persons authorized to receive it.
- I will only disclose CHES information as required for patient care or authorized by law.
- I will only access CHES as necessary to update CHES records.
- I will not knowingly include, or cause to be included, any false, inaccurate, or misleading information in CHES.
- I will not release my identification or password to anyone else or allow anyone else to access CHES using my identification or password.
- I will not access CHES using anyone else's identification or password.
- I will not leave my computer unattended while signed into CHES.
- I will not contact a person who is the subject of any CHES information unless required for treatment and as authorized by law.
- I will not discriminate or take any adverse action against a person based on the person's CHES information.
- I will immediately notify my employer and DHEC if I have reason to believe the confidentiality or security of my access identification and password may have been compromised.
- I will cooperate with DHEC as may be required to investigate a possible breach of security or confidentiality and to prevent any harm from CHES misuse.
- I understand that my access to CHES may be monitored by DHEC to ensure compliance with this Agreement.
- I understand that DHEC may terminate my access to CHES if I fail to access CHES for thirty (30) days.
- I will contact the DHEC CHES/CARES Help Desk at 1-800-917-2093 if I have any questions about accessing CHES or using CHES information.
- I understand that CHES access is a privilege, not a right, and that DHEC can terminate access if I violate any of these conditions.
- I understand that misuse of CHES or disclosure of CHES information in violation of this Agreement and federal and state privacy laws may also result in civil and/or criminal prosecution, penalties, or legal action.
- I understand that my obligations under this Agreement will continue after termination of my employment.

By signing the Agreement, I agree that I have read, understand, and will comply with the conditions outlined in this Agreement. I agree to protect the security and confidentiality of CHES and understand the consequences if I violate the terms of this Agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ (first, middle initial, last)

Print name of hospital, physician practice, or employer: \_\_\_\_\_

User's email address: \_\_\_\_\_

User's phone number: \_\_\_\_\_

Answer **one** of the following "Challenge and Reply" questions listed below:

High School: \_\_\_\_\_ or Favorite Pet's Name: \_\_\_\_\_ or City of Birth: \_\_\_\_\_

**South Carolina Department of Health and Environmental Control  
CHESS (Carolina's Health Electronic Surveillance System) User Confidentiality Agreement**

***Instructions for Completing the User Confidentiality***

***Title of Form***

CHESS User Confidentiality Agreement

***Purpose of the form***

Used to ensure end user acknowledges in writing their understanding of the conditions for being granted access/utilize of CHESS.

***Who will complete the form?***

The employee of provider being granted DHEC access completes the bottom of form: 'Sign Name,' 'Print Name,' and 'Date" and answers security questions.

***Item-by-item instructions for completing the form***

The employee will sign and print name, date the form, and answer security questions.

***Office mechanics and filing:***

This form will be filed with DADE division. It will be retained for 6 years after the agreement has expired.