

## DRE CONFIDENTIALITY STATEMENT

Information that is acquired and processed in the course of performing my training at Health Plan of San Joaquin (HPSJ) and/or performing my job with the providers and/or facilities listed below must be kept confidential. Confidential information includes, but is not limited to the following:

- Protected Health Information as defined under the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act acquired or used by HPSJ regarding any patient or health plan beneficiary, physician, or other health care provider
- Any materials related to programs and products developed by HPSJ

Confidential information may be disclosed only to persons or entities having a right to obtain access under applicable law or whose contractual relationship with HPSJ provides for such access. Access or use of protected health information should be limited to the minimum necessary to accomplish the task or purpose for which access is authorized.

**I understand that HPSJ reserves the right to continuously monitor and audit user access and that attempts to circumvent HPSJ security policies and procedures will constitute violation of this confidentiality statement resulting in actions including, but not limited to, the revocation of access to the DRE portal.**

Medical information identifiable by patient, in addition to being confidential information, is subject to state and federal laws and regulations respecting the maintenance of confidentiality. All persons employed by the purchasing entity shall abide and be bound by such laws and regulations.

Records or materials, whether in written or electronic form, containing confidential information, may not be removed from HPSJ offices.

I have read and will abide by the confidentiality policies as described above.

**NOTE: Please print your personal information legibly and accurately, adding titles and signatures. All fields must be completed before DRE access can be activated. Please fax your completed form to the Provider Services Department at (209) 461-2565. In compliance with security measures, you will be required to validate your access on a quarterly basis.**

<i>Provider /Group Name</i>	<i>NPI (Group) or NPI (Individual):</i>	<i>Tax ID:</i>
<i>Physical Address (If multiple locations, please note):</i>	<i>City, State, Zip Code</i>	<i>Telephone/Ext:</i>
<i>Employee Name (First, MI, Last):</i>	<i>Employee Title:</i>	<i>Email:</i>
<i>Employee Signature:</i>	<i>Signature Date:</i>	
Type of Request (Please check one) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> New Account</span> <span><input type="checkbox"/> Password Reset</span> <span><input type="checkbox"/> Update Provider Lists</span> </div>		
<i>Please Print User Name (if applicable):</i>		



**Supervisor Attestation: Required**

I, \_\_\_\_\_ (Print Supervisor's name)

Attest that as a provider, supervisor, manager or administrator of this medical group or office, I have full managerial oversight of administrative processes involving the exchange of patient information and compliance with confidentiality protocols. I further attest that the person signing this Confidentiality Statement in order to obtain access to HPSJ's DRE portal, is a) employed or contracted with this organization, and b) requires access to DRE in order to complete their job functions.

Supervisor's Name <i>(First, MI, Last)</i>	Supervisor's Title:	Telephone/Ext:
Supervisor's Signature:	Signature Date:	Email:

***For security purposes and confidentiality, each staff member must have their own access. Please notify us immediately of any employment termination so that the DRE account can be disabled. If you need assistance, please call the Customer Services Department at (209) 942-6320.***

**DO NOT SHARE YOUR ACCOUNTS, PASSWORD**