

EXHIBIT "A"
**UPMC CONFIDENTIALITY AGREEMENT FOR THIRD PARTY EMPLOYEES
ACCESSING UPMC INFORMATION SYSTEMS**

University of Pittsburgh Medical Center (UPMC) considers that identifiable patient health information of UPMC patients ("UPMC PHI") is confidential. Additionally, both federal and state laws require UPMC to keep UPMC PHI confidential (including mental health, HIV, and drug and alcohol related treatment information).

By signing below, I agree that:

1. I have read and agree to comply with the terms of the agreement titled "UPMC Third Party Computer System Access Agreement" that was entered into by my employer and UPMC.
2. I will be provided with a username and password to UPMC computer systems, so that I may access information for such patients that either have either been referred to UPMC for care or that maybe referred to my employer for further treatment.
3. I will use UPMC computer systems only to access such information as is minimally necessary for payment, continuity of care and treatment of my employer's patients.
4. I will not share my username or password to UPMC computer systems.
5. If my position changes such that my access to UPMC computer systems is no longer required, I will immediately inform the UPMC ISD Information Security Group immediately in writing at InformationSecurity@upmc.edu.
6. My access to UPMC computer systems may be revoked if I do not access UPMC computer systems for a period of ninety (90) days.
7. My need to access UPMC computer systems will be reviewed on an annual basis.
8. If I become aware that my username and password have been compromised, I will inform the ISD Information Security Group immediately in writing at InformationSecurity@upmc.edu.
9. I understand that UPMC maintains an audit trail of my access to UPMC PHI. This audit trail may be reviewed at any time.
10. I understand that UPMC and my employer have entered into an agreement whereby my employer agrees to discipline me for my violation of this agreement. Such discipline may include my discharge.

AGREED

Print Name: _____

Signature: _____

Employer Name: _____

Date: _____