



Practice Name: _____

Date: _____

Name of User: _____

Copy to Practice Administrator / Office Manager / Physician Administrator: _____

1. I understand I have been authorized to access medical information through the MedAllies website. Access to this information is strictly limited to that information which I need to perform my job responsibilities.
2. I understand my privileges to access the system are specifically assigned for my use only and I will not share my User ID and password with anyone under any circumstances.
3. I understand my password is assigned by MedAllies using a random password generator software program or assigned by MedAllies staff following a "strong" password assignment system. I understand my password will be changed every ninety (90) days to ensure security of the system. I understand my password is confidential and will take all appropriate action to ensure the password remains as such (e.g. not taped to the monitor).

I understand that if I feel my password has been compromised in any way, I will immediately notify MedAllies (845-896-0191 x 3007) or the practice administrator / office manager.

4. I will report all security incidents to MedAllies or the practice administrator / office manager.
5. I understand that both MedAllies and the application vendor monitor the audit logs to ensure security of the system. The logs contain information on: each user's login (date and time), what application was accessed (e-mail, eligibility, referral, clinical information), the patient (if applicable) in which the user accessed information, how long the user accessed the information, and what action (if any) was taken on the information: information was printed and where, information was forwarded to another user (including which user), and the user's logout (date and time).
6. I understand I may contact MedAllies with any questions, issues, or concerns at any time as they relate to the Internet Initiative at (845) 896-0191 x3007.

User's Signature

Date

MedAllies, Inc.

Date