

UConn HEALTH

The following certification is required in order to comply with Connecticut Department of Social Services (Medicaid) regulations. (Policy transmittal 2008-11)

CONFIDENTIALITY STATEMENT/USER AGREEMENT

By signing this document, I agree that if I am a user of any electronic signature system or become one in the future, I will not under any circumstances release my user identification code or password to anyone or allow anyone to access or alter information using my identity.

Further, I understand that any electronic signature system I may use is intended to be the legally binding equivalent of my traditional handwritten signature.

Name (Print): _____

Signature: _____ Date: _____

Signed statements will be kept on file in the designated departments as outlined in the policy on Electronic Signature for Medical Records (2006-05).

Originated: 5/12/06

Revised: 6/30/2009