



San Mateo County Health System  
Behavioral Health and Recovery Services

**REQUEST for LOOK-UP ONLY ACCESS on AVATAR**

**DECLARATION OF NOTICE OF CONFIDENTIALITY**

As an employee, contractor, or associate of San Mateo County Health Services Agency, I agree to the following as evidenced by my signature affixed below:

**I will not** disclose or otherwise discuss Health Services Agency’s patients or clients, their conditions, treatments or status, even if they are known to me personally, with anyone, except to carry out my assigned duties associated with their proper care of treatment.

**I will not** release information to anyone concerning the financial, medical, or social status of Health Services Agency’s patients or clients which has not first been authorized according to written Health Services Agency policies, federal or state regulation, or otherwise properly ordered by legal authorities.

**I will not**, at any time or under any circumstances, disclose or share any Health Services Agency’s assigned computer system User Identification or password to anyone.

**I will not** tamper with any Health Services Agency’s computer system to gain unauthorized access to the network or information contained there.

**I will take** all reasonable care to prevent the unauthorized, use, disclosure or availability of confidential and/or proprietary information through unattended screen displays or by mishandling of system generated output, regardless of its form.

**I acknowledge** that Health Services Agency retains the right to monitor and/or review, at any time and without cause, any access to Health Services Agency computer services for evidence of tampering or misuse, and may, at its sole discretion, suspend or terminate Health Services Agency computer privileges pending administrative review.

**I agree** to adhere to policies concerning Health Services agency’s computer services and understand that any misconduct and/or breaches of confidentiality expressly described herein may be grounds for immediate suspension of computer privileges. In addition, Health Services Agency’s administrative actions, up to and including termination of employment of contract may result. Additionally, violation of any applicable civil or criminal statutes by the disclosure of confidential material of information or other misuse of the computer system will be prosecuted to the fullest extent of the law.

This agreement constitutes the entire agreement with respect to any confidential and/or proprietary information and will supersede any prior agreement.

**Work Location, Check all that apply:**

- 3AB (smmc3ab/SMMH system code)
- Correctional Health (cjmh/SMMH system code)
- Aging & Adult (AgingAdult/SMMH system code)
- HPSM (HPSM/LIVE system code)
- Other \_\_\_\_\_
- PES (pes /LIVE system code)
- Health Van (healthvan/SMMH system code)
- Pharmacy(pharmacy/SMMH system code)
- FHS(fhs/SMMH system code)

Name of Employee or Contractor – Print Clearly	Employee or Contractor Signature	Date Signed
Phone Number	Email Address	Pony
Supervisor Signature	Date Signed	<b>Set Up: USER ROLE/NON- BHRS LOOK UP</b>

\_\_\_\_\_  
BHRS-QM Approval/Date

\_\_\_\_\_  
Set Up Completed by/Date