

CONGREGATION ACCESS AGREEMENT

THIS AGREEMENT, made and entered into this _____ day of _____, 20____, by and between CENTRA HEALTH, INC., a Virginia Non-Profit Corporation (“Centra”) and _____ (“Congregation”).

WITNESETH THAT:

WHEREAS, Centra has developed an electronic directory that allows members of the clergy or their designated staff to access information on members of their congregations; and,

WHEREAS, Centra and the Congregation realize that improved access through the electronic transmission of patient data will enhance the quality of spiritual care for patients; and,

WHEREAS, Centra and the Congregation recognize that the information being accessed through the electronic directory is sensitive and that it is imperative that the confidentiality rights of the patients be preserved,

NOW, THEREFORE, for and in consideration of the granting of an access code to the Congregation, Centra and the Congregation agree as follows:

1. The Congregation understands and acknowledges that the data stored in the electronic directory is limited to that permitted to be released by law concerning members of the Congregation only.
2. The Congregation will receive an access code which will allow members of the clergy or designated staff for the Congregation to log on to the electronic directory.

3. The Congregation agrees and warrants that it will not reveal its access codes to anyone other than members of its own clergy or designated staff, nor will it attempt to learn another user's access code.
4. The Congregation, through its clergy or designated staff, shall not access data on patients for whom they have no responsibility and for whom they have no need to know.
5. Should the Congregation have reason to believe that the confidentiality of its access code is broken, the Congregation will contact the Management Information Services ("MIS") of Centra immediately to have the Congregation's code changed and a new code issued.
6. The Congregation understands and acknowledges that any misuse of an access code shall be a violation of Centra Policy and may result in termination of this Agreement.
7. The Congregation understands that after each computer session, its clergy or designated staff must sign off to prevent unauthorized use of the electronic directory by any other individual.
8. The Congregation understands and acknowledges that the distribution of the information obtained from electronic directory that violates any law or this Agreement shall be considered a violation by the Congregation which may require Centra to terminate the Congregation's access to the electronic directory.
9. The Congregation acknowledges and understands that accessing confidential information through a computer network to which information the accessing individual is not entitled is a violation of Virginia law and may be punished as a felony or a misdemeanor depending upon the circumstances of the access. Centra will seek and assist in the prosecution of any individual who violates any computer information access laws when using the electronic directory.
10. The Congregation understands and acknowledges that readily accessible computer information systems such as the electronic directory are new technology and that confidentiality laws with regard to such technology are dynamic. Future changes in this legal area may require amendment of this Agreement to protect further the confidentiality of patient information and to protect the Congregation

and Centra. The Congregation agrees to execute such further documents as are necessary to comply with any such new laws, regulations, or future decisions by Courts of law.

11. This agreement shall be for a period of one (1) year from the date hereof and shall renew annually thereafter unless access to the electronic directory shall be terminated between Centra and the Congregation.
12. The validity, construction, and enforcement of this Agreement shall be determined according to the laws of the Commonwealth of Virginia.
13. Words used herein indicating gender or number shall be read as the context may require.

WITNESS the following signatures and seals:

CENTRA HEALTH, INC.

Representative of the Congregation

CENTRA HEALTH
LYNCHBURG, VIRGINIA
Congregation Database Access

PLEASE PRINT

NAME: _____ TITLE: _____

Name of Congregation: _____

Congregation Telephone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

SIGNATURE OF CONGREGATION REPRESENTATIVE

DATE

Validation criteria will be used to verify your identity should you call for security assistance.

Last Four Digits of SS# - _ _ _ _

Please complete the validation options listed below.

MOTHERS MAIDEN NAME: _____

COUNTY/CITY OF BIRTH: _____

HIGH SCHOOL ATTENDED: _____

USER ID # _____
(This will be assigned by Centra Health)

**Please return both forms to:
Daryl Miller
Centra Health
Department of Pastoral Care
1920 Atherholt Road
Lynchburg, VA 24501**