

Net Relay and/or "Physical" Pager Agreement

Confidentiality, HIPAA, Privacy, & Security

Using sensitive confidential data in remote locations requires the utmost discretion to assure that the information is safeguarded from all unauthorized viewing. Users granted this access are to use extreme care in making sure the screens are viewed privately and that the access device is not left unattended.

[Confidentiality of Information](#)

[External Network Access](#)

Net Relay software &/or Physical Pager

<input type="checkbox"/> Physical	A pager is a small hardware device that uses alphanumeric characters to produce messages for requester.	
<input type="checkbox"/> Net Relay	Net Relay is a software application loaded on a smart-phone.	Email address <i>(accessible by smart-phone)</i> <input style="width: 100%;" type="text"/>
The SVHC Communications "Paging List" is an encrypted webpage designed to efficiently and securely send messages. It is located on the SVHC Intranet.		
Our pager provider is Central Vermont Communications in Rutland, VT.		
Lost or Stolen Device	I agree to immediately call the IS Helpdesk at 447-5411 to report if the physical pager is lost, stolen, or damaged; a replacement will be issued at the cost of \$99.00.	Net Relay users are also asked to notify the Helpdesk.
End of Employment	Upon the notification of termination the IS department will disconnect the physical pager. The department director will return the physical pager. If not returned, a \$99.00 lost fee will be issued.	Net Relay accounts will be removed upon termination.

Requester Information

* Requester	I have read and agreed to the above conditions and understand that if I fail to follow the recommended guidelines; I could be held liable for damages caused by negligence.		
Role	<input type="checkbox"/> Department Director / Supervisor <input type="checkbox"/> Direct Care Provider <input type="checkbox"/> Executive Management Team (EMT) <input type="checkbox"/> Information Systems Staff <input type="checkbox"/> Provider <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>		
Department / Office Name		Address	Phone Number
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Requester's Printed Name		Requester's Signature	Date
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
* President/Vice-President/Chief Medical Officer/Director/Provider			
<input type="checkbox"/> Cost Center: <input style="width: 100px;" type="text"/>		Is this employee exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If non-exempt, you approve the employee will be compensated for work completed while using paging access? <input style="width: 100px;" type="text"/>			
Approver's Printed Name		Approver's Signature	Date
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
* Human Resources			
Approver's Printed Name		Approver's Signature	Date
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Please initial

Information Systems Use Only

Approver's Printed Name	Approver's Signature	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>