

**St. Luke's – Roosevelt Hospital Center**  
**EmSTAT Confidentiality Agreement**  
**Academic Associates ONLY**

I hereby accept access privileges to St. Luke's-Roosevelt Hospital Center (SLRHC) EmSTAT computerized patient information system, and I agree to the following:

I understand that my sign-on password is confidential and must not be shared with anyone, nor should any attempt be made to learn another person's sign-on/password.

I agree that I will not access or retrieve any EmSTAT system data (patient, clinical, financial, personnel, etc.,) that does not directly relate to the performance of my duties at SLRHC. I agree to access information only on patients for whom I, my office or department, has responsibility and that this information is considered the patient's confidential medical record and it may not be released or shared without proper authorization.

I recognize that my sign-on code and password for access to EmSTAT are the equivalent of my signature and I accept full responsibility for any use or actions taken with them.

I understand that any person, who intentionally compromises confidential patient information, SLRHC data or EmSTAT system integrity, may be subject to disciplinary action up to and including termination from SLRHC.

I understand my access privileges will be revoked if any of the above agreements are violated.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

(Type or Print)



**(\*Required Information)**

\* **Site Access (Check all that apply):**     **St. Luke's**                       **Roosevelt**

\* Last 4 digit of SS#: \_\_\_\_\_

\* Contact #: \_\_\_\_\_

\* Email: \_\_\_\_\_

**Please complete, sign, and return at least 3 days prior to scheduled shift. All required information must be present and form must be signed or access will not be granted.  
Return to SLED Administrative Office, Plant 1, Suite 2104 or fax (212) 523-2186**