

**OREGON PUBLIC HEALTH ACTIVE SURVEILLANCE EXPANDED WORKFORCE  
SYSTEM ACCESS AND CONFIDENTIALITY AGREEMENT  
ARIAS SYSTEM**

As an employee, contractor of the Oregon Health Authority's Public Health Division (PHD) or a volunteer deployed by PHD or a Local Public Health or Tribal Authority, I understand that I may have access to information, the confidentiality of which is protected by Oregon law, about persons with reportable diseases and close contacts of persons with reportable diseases. Such information includes electronic information stored and managed in the ARIAS System, to which I will have access as a user in order to fulfill my PHD duties. **By signing this Agreement, I represent that I understand I am required by law, Oregon Revised Statute 433.008, to protect the information accessible to me, and that I agree to the following:**

1. The confidential information may be in the form of public health surveillance records, or electronic and paper records of information obtained during an interview, or other means. The information may be obtained from affected individuals or other sources.
2. The confidential information I may have access to includes but is not limited to names, addresses, telephone numbers, medical, psychological and health-related conditions, risk factors, and treatment, religious beliefs, finances, living arrangements, and social history. It includes information that can be identified to a specific individual, which at times may include demographic data. The nature of the information and the circumstances under which it can be associated with an individual requires that I treat all information as confidential information.
3. I will access information solely for the purpose of carrying out the duties of my position.
4. I will not disclose to anyone or to any entity any confidential information, except as authorized by OHA in accordance with applicable law. I will refer any requests for information, including demographic and summary data, to my supervisor for review and response. I will abide by applicable laws, rules, and policies regarding protection of confidential information, including OAR Chapter 943, Division 14.
5. I will not discuss confidential information with anyone who is not authorized under law to know, view, or use the confidential information.
6. I will not access or attempt to access information or records that I am not authorized to access as part of my duties, including information or records concerning myself, family, friends, coworkers, celebrities, clients, or others for my own personal information.
7. I will secure confidential information when it is not in use, before leaving my work station, and during any transit, in accordance with OHA policies and procedures.
8. I will protect my access to the ARIAS System by locking my computer when stepping away from it.
9. I will securely convey confidential information only to others who are authorized to receive it, and only in a secure manner, e.g., secure e-mail, in accordance with OHA policies and procedures.
10. I will adhere to OHA's policies and procedures for shredding paper documents and deleting electronic files containing confidential information.

11. I will immediately report any known or suspected breach of confidentiality or security to my supervisor and to the Oregon Health Authority's Information Security and Privacy Office at <https://www.oregon.gov/oha/FOD/OIS-ISPO/Pages/Contact-Us.aspx>.
12. I will protect against loss of, unauthorized access to, or unauthorized use of my keys, passwords, and security codes. I will not share my password or security codes with anyone else, and will immediately report any loss, disclosure, or compromise to my supervisor.
13. I understand I am responsible for any use or misuse of the ARIAS System through my account, and the use or misuse of any confidential information accessed through my account or through use of my keys, passwords, or security codes.
14. I will not use another person's password, or security code to access the ARIAS System or confidential information.
15. I understand that I am subject to periodic audit of my data use activities and investigation of any irregular data use patterns, and I consent to such periodic audit of my use of the ARIAS System and my use of data, including confidential information.
16. I understand that a breach of security or confidentiality may be grounds for disciplinary action which may include termination of employment or prosecution. I understand violation of ORS 433.008 is a Class A Misdemeanor. ORS 433.990(1).
17. I understand there is no expiration date on these obligations of confidentiality, and I will abide by these obligations as to access, use, and disclosure even after my role with PHD ends or my role changes such that I no longer require access to the confidential information that is the subject of this Agreement.

User's Printed Name:

Citrix ID number (P or OR #):

or Microsoft User ID:

User's Signature:

Date:

User's E-mail Address:

Work phone:

Date of most recent Security & Confidentiality

training:

Supervisor Printed Name:

Supervisor Signature:

Supervisor Email

Work Phone:

Overall Responsible Party's Printed Name:

Date:

Overall Responsible Party's Signature:

Overall Responsible Party's Mailing Address:

**List all jurisdictions (counties) to which user will have access:** \_\_\_\_\_