

Department of Medicine
CareConnect Access Acknowledgement Form

To: Farah Elahi, CAO, Department of Medicine

Division:

Date:

Re: CareConnect access request

This memo will serve as confirmation that I, _____, have been thoroughly briefed on all aspects of UCLA's policies regarding patient confidentiality and I understand that policy and its requirements. It is my understanding that I will be exposed to very sensitive, highly confidential demographic and clinical information. I also understand and agree that any violation of the patient confidentiality policy and any unauthorized use of any patient demographic and/or clinical data on my part would represent a violation considered to be a crime under the laws of the State of California and I would be subject to University disciplinary action up to and including dismissal from employment.

A copy of this signed form will be placed in the employee's personnel file.

Employee Signature

(print name)