

eRegistries Training Computer Use, Completion, and Confidentiality Agreement

eRegistry training. I have successfully completed the training program on how to use the eRegistry system.

eRegistry computer use. I am aware and agree to use the eRegistry computer in a professional and safe manner at all times.

eRegistry data quality. I am aware of the importance of maintaining the data quality of the eRegistry and agree to report information in the eRegistry system in a timely, accurate, complete, and consistent manner.

eRegistry commitment to privacy and confidentiality. I am aware of my professional obligation to protect patients' privacy and confidentiality and to not disclose personal health information to unauthorized users. I agree to not share my eRegistry password with others or allow others to use my eRegistry account.

Name of employee

Job title, location

Employee signature

Date