

Exhibit B



Benefis Health System – Information Systems Privacy/Security Agreement

Welcome to Benefis Health System's (BHS) Information System. We hope you will take advantage of every educational opportunity to familiarize yourself with the system and enjoy the advantages and efficiencies it provides.

Depending upon your system rights, you may have access to confidential patient information and/or confidential proprietary business information. Benefis Health System has in place policies and procedures to ensure patient and business information is held in strict confidence.

A patient's right to privacy means safeguarding the content of information including, but not limited to, patient paper records, verbal, video, audio, and/or computer stored information from unauthorized use and disclosure. Access to protected health information is limited to individuals designated by law, regulation, policy, or duly authorized as having a "need to know".

Unauthorized access or dissemination of patient information is a serious violation of legal and ethical obligations. Montana and Federal statutes protect patient health information, making it a criminal offense and/or subjecting anyone improperly releasing patient information to civil penalties and fines. Intentional breach in confidentiality may be considered gross misconduct, which is cause for loss of system privileges and disciplinary action up to and including termination.

By signing this agreement you agree to the following:

1. I will safeguard my computer password. I will not log on to any Benefis Health System computer that currently exists or may exist in the future, using a password other than my own. I will not allow anyone to use my password to log on to any Benefis Health System computer system. I will log off the Benefis Health System computer system as soon as I have finished using it.
2. I will treat all information received during my association with Benefis Health System, which relates to patients, as confidential and privileged information.
3. I will not access patient information unless I have a 'need to know' this information in order to provide effective and responsive service to our patients.
4. I am not permitted to access my own medical record or another individual's health information because of personal request, personal curiosity or personal reasons.
5. I will not disclose patient information to any person or entity, other than as necessary to perform my job or as necessary to provide effective and responsive service to our patients.
6. I will not take patient information from the premises of Benefis Health System in paper or electronic form unless authorized to do so. I will not reveal any Benefis Health System information to any third-party without authorization.
7. I will not transmit electronically or otherwise Benefis Health System documents or information related to Benefis' systems, sensitive information or patient information unless authorized and will use approved encryption/authentication software.
8. I will not load or download information or programs onto Benefis Health System computer systems without approval from the Information Technology Services Department.

I have read and understand the above statements.

Signature

Title

____/____/____
Date

Full Name (Please Print)

Department/Office

Initials

Fax to: 406-455-4747. Please allow seven days for processing. For questions, call 406-455-5711

Rev: 6/19