

Paul Farrow
County Executive



Elizabeth Aldred
Director

Lisa A. Roberts
Deputy Director

Waukesha County

Department of Health and Human Services

Waukesha County Provider Avatar Access Agreement

I understand that Waukesha County has the legal and ethical responsibility to safeguard individual privacy and to protect the confidentiality of all the information maintained in its hosted systems and platforms. I understand that use of Waukesha County platforms and systems may make any documents or communications into records available for public disclosure in accord with state statutes. I will conduct myself in a professional manner in my use of and communications in Waukesha County systems and platforms. All documents and submissions will be complete and accurate.

I am aware that the access, use, and transmission of sensitive information is governed by state and federal statutes and administrative codes and Waukesha County policies. I understand and agree to be governed by these laws, including but not limited to HIPAA, 42 CFR Part 2, Sec. 51.30, 146.82, and 252.15 Wis. Stats. and the governing Wisconsin rules under DHS 92 and 94. My personal access to client data and other sensitive information will be determined by my "need to know" the information to fulfill my responsibilities working with the County. All attempts to access or connect to Avatar or other county systems will be through the designated means and channels set by Waukesha County information security and with due diligence to protect client privacy.

I am aware that further disclosure of this information without legal authorization and a business need per Waukesha County policies is prohibited. I understand that failure to comply with the statutes and codes covering this agreement may expose me to legal consequences. Waukesha County may terminate my access to its systems and platforms at any time.

I have read and understand this agreement and I acknowledge my responsibility to abide by its requirements.

Full Name: _____

Organization: _____

Today's Date: _____