

Attachment B: FPE Worker Agreement Template

Each FPE worker must complete and sign this form. Forms must be uploaded to MDH using the links below.

- To upload FPE Worker Agreements with the original Attachment A. Agreement submission, see Part 3, <https://www.cognitofrms.com/MDH3/MarylandsFamilyPlanningPresumptiveEligibilityProgramProviderParticipationAgreement>
- To upload FPE Worker Agreements for new workers who join the FPEQE at a later date, submit updates here, <https://www.cognitofrms.com/MDH3/MarylandFamilyPlanningProgramFPEWorkerListAndAgreement>.

In accordance with Maryland and federal law, including 42 C.F.R. Part 59 (Grants for Family Planning Clinics) and 45 C.F.R. Part 164 (HIPAA security and privacy), all employees of

_____ (“FPEQE” Site Name) authorized to have access to confidential “Data” collected from family planning presumptive eligibility (“FPE”) applicants and available through the Maryland Health Connection Family Planning Presumptive Eligibility Portal (identified herein as “FPE Worker”) have been instructed as to the confidential nature of the Data, the standards for handling of such Data applicable to employees of a HIPAA covered entity, the restrictions of redisclosure of such Data found in 45 C.F.R. §§164.500 *et seq.*, and their obligation to comply with such standards and to preserve confidentiality as required by 42 C.F.R. §59.11 in carrying out their responsibilities under the Agreement.

The FPE Worker will be granted access to Data on applicants for FPE. The FPE Worker must attest to the following statements prior to being granted access to the Maryland Health Connection Presumptive Eligibility Portal. The FPE Worker shall review the following statements and initial in the adjacent box once they are in compliance.

Initial to
acknowledge

I acknowledge that I have read and reviewed the entirety of the training materials regarding the Family Planning Presumptive Eligibility Program. I agree to conduct FPE determinations on behalf of the applicant using the Maryland Health Connection Presumptive Eligibility Portal consistent with the Department’s policies, regulations, and training materials.	
I agree to comply with all requirements and restrictions of the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 59.	
I acknowledge that my use of the Maryland Health Connection Family Planning Presumptive Eligibility Portal will be tracked in an Access Log that can be made available to the Department upon request.	
I agree that my access to the Maryland Health Connection Presumptive Eligibility Portal shall be limited to use for purposes of conducting FPE determinations.	
I understand that my failure to comply with the FPE Worker Agreement may be grounds for discipline, including without limitation, denial of my privileges to access the Presumptive Eligibility Portal in Maryland Health Connection.	
I agree to review, click to consent, and abide by Maryland Health Connection’s Authorized Use Policy upon first signing into the Presumptive Eligibility Portal and periodically, thereafter. Refusal to consent to abide by the Maryland Health Connection’s Authorized Use Policy disallows me from entering the portal.	
In the event that Maryland Health Connection requires Multi-factor Authentication to be utilized for security purposes, I agree to provide a means to receive the Multifactor Authentication code via email or text as determined by MHC.	
I understand that I have an obligation to maintain the confidentiality, privacy and security of the Data that I accessed through the Maryland Health Connection Presumptive Eligibility Portal, and that I will not disclose	

any Data except as required for the performance of my duties as an employee or agent of the FPEQE.	
At any time after my employment/business relationship with the FPEQE has ended, I agree to keep confidential any and all information which I obtained as a result of my access to the Data.	
I will not make any unauthorized copies of Data, and will not save any Confidential Information to the cloud or portable media devices (Floppies, memory sticks, ZIP disks, CDs, PDAs, cell phones and other devices).	
I acknowledge that my authentication code and password is the legal equivalent of my signature, and that I will not divulge, release or share my authentication code or device or password with any other person, including any employee or person acting on my behalf, and shall not permit or authorize anyone else to access the Data under my authentication code or device or password, and further agree not to use or release anyone else's authentication code or device or password.	
I agree to notify the Department and FPEQE immediately if I become aware or suspect that another person has access to my authentication code or device or password, or if I have reason to believe that the confidentiality of my password is broken.	
I agree to notify the Department and FPEQE immediately if I become aware of the potential or actual loss of control or misuse of Data.	
I agree to log out of the Maryland Health Connection Presumptive Eligibility Portal before leaving my workstation to prevent others from accessing the Data.	
This FPE Worker Agreement will be in effect from the time it is signed until the Department or FPEQE terminates my status as a FPE Worker or until I violate the terms of this FPE Worker Agreement, and any terms of this FPE Worker Agreement necessary to protect the Maryland Health Connection Presumptive Eligibility Portal and Data will survive the termination of this FPE Worker Agreement.	

I and my supervisor do hereby attest that the employee requesting access to confidential data as outlined above has reviewed and acknowledged the terms and conditions of this FPE Worker Agreement.

By:

<u>Employee Signature:</u>	<u>Supervisor or FPEQE Project Manager Signature:</u>
<u>Employee Name:</u>	<u>Supervisor or FPEQE Project Manager Name:</u>
<u>Employee Email Address:</u>	<u>Supervisor or FPEQE Project Manager Email Address:</u>
<u>Employee Phone Number:</u>	<u>Supervisor or FPEQE Project Manager Phone Number:</u>
<u>Date:</u>	<u>Date:</u>

Primary Physical Site Address where Determinations will be made (any secondary sites should be listed below):

Street Address	State	Zip Code
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Secondary Physical Site 1: Address where Determinations will be made (any secondary sites should be listed below):

Street Address	State	Zip Code
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Secondary Physical Site 2: Address where Determinations will be made (any secondary sites should be listed below):

Street Address	State	Zip Code
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Secondary Physical Site 3: Address where Determinations will be made (any secondary sites should be listed below):

Street Address	State	Zip Code
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Secondary Physical Site 4: Address where Determinations will be made (any secondary sites should be listed below):

Street Address	State	Zip Code
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Secondary Physical Site 5: Address where Determinations will be made (any secondary sites should be listed below):

Street Address	State	Zip Code
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