



A member of the Seton Family of Hospitals

Physician Self-Service Center Confidentiality Agreement

Information contained on the Physician Self-Service Center website is considered confidential and is intended for the sole purpose of accessing member eligibility, claim status, and authorizations for participating providers or a designated representative. Information acquired through the Physician Self-Service Center website should be used solely by or for the participating provider or designated representative and should not be shared with any individual or organization that is not acting in the role of provider representative. Information should not be shared with, viewed, or made available with the general public or any individuals not covered under this agreement. Any printed information gathered from the Physician Self-Service Center website should be stored in a secure location and should be viewed only by individuals covered by this agreement.

By signing below, you agree not to disclose confidential information available while using the Physician Self-Service Center website to any person to whom disclosure is not specifically authorized in advance by the Seton Health Plan. Your obligation to refrain from disclosure under this agreement includes the obligation to refrain from disclosing member eligibility, claim status, or authorizations searched for or viewed on the Physician Self-Service Center website. The restrictions on disclosure contained in this Agreement shall continue after the termination of your employment, whether such termination is for cause, or for no cause, or for any other reason.

This Agreement is made in Travis County, Texas, which county shall be the venue for any lawsuit or enforcement action pursuant to this Agreement. The parties also are agreed that Texas law governs this Agreement. Any provision of the Agreement found by a Court of proper jurisdiction to be void shall not effect the binding nature of the balance of this Agreement.

This Agreement is signed by the parties on the dates set forth below to be effective as of your date of hire, or date of signature below, whichever is earlier.

Your Name
(Print): _____

Your
Signature: _____

Date: _____

Authorized Agent's Name (i.e. Supervisor, Office Manager, Director, Physician,
Administrator):

Authorized Agent's Signature:
