

HealthSpring, Inc.
My Quest-Electronic Data Confidentiality
and Security Statement

(Employee, Vendor, Provider and/or Provider Employee)

HealthSpring, Inc. (“HealthSpring”) is committed to protecting the confidentiality and security of electronic and non-electronic proprietary and protected health information (collectively PHI). I may be an employee, trainee, visiting observer, provider, an employee of a provider, volunteer, vendor, or an employee of a vendor at HealthSpring. During the course of my duties or purpose at HealthSpring I may have access to proprietary or confidential electronic or non-electronic PHI. I understand that all PHI must be maintained confidentially, and in a secure fashion.

I agree to follow all HealthSpring policies and procedures governing the confidentiality and security of PHI in any form, including oral, fax, photographic, written, or electronic. I will regard both confidentiality and security as a duty and responsibility while part of the HealthSpring workforce, or during my involvement with HealthSpring as a non-workforce member.

I agree that I will not access, release, or share PHI, except as necessary to complete my duties or purpose at HealthSpring. I understand that I may not access any information on friends or family members unless a Release of Information form authorizes me to do so, unless doing so is a necessary part of my job duties, or unless I am otherwise permitted to do so by HealthSpring policies. I understand that I am not authorized to use or release PHI to anyone who is not part of the HealthSpring workforce or an approved visiting observer as provided in HealthSpring policies and procedures, by HealthSpring contract, or as required by law.

I agree that I will use all reasonable means to protect the security of PHI in my control, and to prevent it from being accessed or released, except as permitted by law. I will use only the access privileges I have been authorized to use, and will not reveal any of my passwords or share access with others. I will take precautions to avoid inadvertently revealing PHI; for example, I will use workstations in a safe manner and will make reasonable efforts to prevent conversations from being overheard, including speaking in lowered tones and not discussing PHI in public areas. If I keep patient notes on a handheld or laptop computer or other electronic device, I will ensure that my supervisor knows of and has approved such use and I will keep this information secure and confidential. If, as part of my responsibility, I must take PHI off the premises, I will do so only with permission from my supervisor; I will protect PHI from disclosure; and will ensure that the PHI is either returned to HealthSpring or destroyed.

I agree that when my employment, affiliation, visitation or assignment with HealthSpring ends, I will not take any PHI with me and I will not reveal any PHI that I had access to as a result of my duties at HealthSpring. I will either return PHI to HealthSpring or destroy it in a manner that renders it unreadable and unusable by anyone else.

I agree to report unauthorized use or disclosure of PHI, or security issues affecting systems that contain or give access to PHI, to Teresa Jordan, the HealthSpring Privacy Officer, 2900 North Loop West, Suite 2900, Houston, Texas 77018, (832)553-3375.

I understand that if I do not keep PHI confidential, or if I allow or participate in inappropriate disclosure or access to PHI, I will be subject to immediate disciplinary or corrective action, up to and including dismissal or loss of access privileges to HealthSpring property, servers and facilities. I understand that unauthorized access, use, or disclosure of PHI may also violate federal and state law, and may result in criminal and civil penalties.

My signature below signifies that I consent to the foregoing.

Printed Name

Employer

Signature

Date