



Medical Access Program (MAP) and MAP Information System Provider Confidentiality Oath

(To be completed by office and clinic staff)

The Medical Access Program (MAP) uses a secure, limited access electronic system to facilitate care, coordinate care and track care provided by health and social service providers on behalf of MAP patients. The MAP Information System (MIS) is limited to authorized users only. Those individuals with a legitimate need for health information are authorized to become users. Only providers with provider identification, user identification and pass codes will be able to obtain data electronically.

All authorized users must sign this statement affirming that they recognize and will protect the confidentiality of MAP and MIS-related information. Healthcare, social service and MAP-affiliated providers shall maintain the confidentiality of information held in MIS in the same manner as other medical record information with patient identification that they possess and shall use the information only for the following purposes:

- I. To provide healthcare or social services to the patient, including appointment reminders and verification of MAP eligibility status.
- II. To coordinate healthcare or social services for the MAP enrolled patient.
- III. To compile and disseminate statistical information detailing services provided to MAP patients for the purpose of program evaluation and quality improvement.

All providers have access to all information on MAP enrolled patients. It is essential and required by law, that providers and staff access only the minimum amount of information required to care for the MAP enrolled patient assigned to their practice. The MIS maintains an audit trail of all inquiries made to each individual record and other record transactions.

A breach of confidentiality or unauthorized access attempt is grounds for termination of access to MIS and referral for civic penalties.

Patients shall have access to review their MIS record by applying in person or by writing their provider.

Medical information can be provided to non-MAP providers and affiliates with written permission of the patient or patient/guardian.



Medical Access Program (MAP) and MAP Information System (MIS)
Provider Confidentiality Oath and Agreement to Participate

Health or Social Service Provider MAP – MIS Participant Agreement

MAP INFORMATION SYSTEM (MIS) www.mapcard.org

I, the undersigned, hereby agree not to divulge any information or records concerning any MAP or MIS program participant without proper authorization in accordance with state and federal law and interagency agreement(s).

During the performance of my assigned duties, I will have access to confidential information required for effective health or social service care delivery, care coordination, and follow-up within the normal scope of service(s) I provide. I agree that all discussions, deliberations, records and information generated or maintained in connection with these activities will not be disclosed to any unauthorized person.

Signature _____	Date _____
Printed Name _____	
Title: _____	
Facility Name _____	
Email: _____	Work Phone: _____

**You will receive your MAP Log-in information in the mail before MAP is launched.*

Submit by mail or fax to:	MAP Registration c/o Health Policy Research NW 1800 Millrace Drive Eugene, OR 97403	Fax: (541) 984-5691 Phone: (541) 431-1900
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You can also register online at: www.mapcard.org

MAP Office Use Only	
Date Log-in and Password Assigned: _____	MAP Staff Initials: _____
Office Training Complete? Yes ___ No ___	Date Scheduled _____ Date Completed _____