



University of Connecticut Health Center

The following certification is required in order to comply with Connecticut Department of Social Services (Medicaid) regulations. (Policy transmittal 2008-11)

CONFIDENTIALITY STATEMENT/USER AGREEMENT

By signing this document, I agree that if I am a user of any electronic signature system or become one in the future, I will not under any circumstances release my user identification code or password to anyone or allow anyone to access or alter information using my identity.

Further, I understand that any electronic signature system I may use is intended to be the legally binding equivalent of my traditional handwritten signature.

Name (Print): _____

Signature: _____

Signed statements must be kept on file in designated department utilizing electronic signature.

5/12/06