AGREEMENT BETWEEN THE NYS DEPARTMENT OF CIVIL SERVICE EMPLOYEE BENEFITS DIVISION

**AND HEALTH BENEFITS ADMINISTRATOR OR
NYBEAS USER**

CONCERNING THE CONFIDENTIALITY AND SECURITY OF INFORMATION

As part of the administration of the New York State Health Insurance Program (NYSHIP), the NYS Department of Civil Service Employee Benefits Division (EBD) provides access to the New York Benefit Eligibility and Accounting System (NYBEAS) to employees designated by NYSHIP participating agencies, contracted vendors, and other organizations with a business need. NYBEAS maintains NYSHIP enrollment information for NYSHIP contractors, participating agencies and employers. Any employee with a business need to access the NYBEAS system will hereto be referred to as a "NYBEAS User".

The below-named employee(s) has been designated as a "NYBEAS User" by their employer to perform tasks in the NYBEAS system and such employer has requested NYBEAS access for such employee.

EBD and the undersigned employee(s) agree that any and all information obtained from NYBEAS shall be held in the strictest confidence and constitutes protected personal information (PPI) as it is described in [Section 92 of New York State's Public Officer's Law](). The PPI includes Protected Health Information (PHI). Such information shall only be used in the conduct of official public business. Such official public use includes, but is not limited to, providing benefit information to current, former and retired New York State Agency, Participating Agency, Participating Employer members and their dependents as well as enrolling and updating enrollees' benefit information. Confidential information may be in oral, visual, written or electronic form.

The information in NYBEAS includes, but is not limited to:

- Enrollment information relating to an enrollee or their dependents and premium information;

- Information pertaining to enrollee's employment, such as levels of compensation, use of personal and other types of leave, and position history; and

- Other protected health information as defined by Federal and State law.

All information contained in NYBEAS databases and programs shall be exclusively used for purposes associated with the business need of the NYBEAS User's employer. Any other use is prohibited and shall result in the suspension and revocation of NYBEAS access rights and possible referral for additional disciplinary action.

Every NYBEAS User shall comply with the relevant HIPAA and DCS policies and procedures, including training requirements. Every NYBEAS User shall maintain a unique, individual sign-on to NYBEAS. Passwords/access shall not be shared.

I agree to read all communications and updates issued by EBD listed below in order to perform my duties as a NYBEAS User. Further, I agree to participate in all trainings regarding NYBEAS and NYSHIP. I agree that I will utilize the reference and training materials made available to my organization. Per HBA memo PA20-22, PAEX 20-20, and PE20-27 issued 11/19/20, this includes, but is not limited to, regular review of:

- HBA memos

- Policy Memos

- System Announcements

- HBA Online

- NYSHIP Online

Note: Each signatory in this organization must complete and sign one of the boxes below. Add more signature boxes as necessary.

I, the undersigned, agree to follow the requirements and procedures set forth in this agreement.

By (Print Name): _____   _____

                                                                                  Date

Signed: _____
Employee

_____   _____
Title   NYBEAS User ID

_____   _____
Name of Agency or Vendor Representing   Agency Code/Contract Number

I, the undersigned, agree to follow the requirements and procedures set forth in this agreement.

By (Print Name): _____

Date _____

Signed: _____
Employee

_____
Title

NYBEAS User ID _____

_____
Name of Agency or Vendor Representing

Agency Code/Contract Number

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By (Print Name): _____

Date _____

Signed: _____
Employee

_____
Title

NYBEAS User ID _____

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