

## EXHIBIT B

### Confidentiality Statement

The protection of the confidentiality, security and privacy of patient medical record and other confidential information (“Confidential Health Information”) is required by federal and state laws and regulations and failure to do so may result in fines and criminal penalties, as well as sanctions that may be imposed against me by my employer under its applicable policies and procedures.

Confidential Health Information can be in any form, including written, electronic, oral, overheard or observed, and includes, but is not limited to:

- Protected health information, (patient medical, financial, and demographic data);
- Data protected by governmental statute or regulation, such as HIV, mental health, or drug and alcohol records.

Confidential Health Information includes but is not limited to:

Any individually identifiable information in possession of or derived from a provider of health care regarding a patient’s medical history, mental, or physical condition or treatment, as well as the patient’s and/or their family members’ records, test results, conversations, research records and financial information. (Note: this information is defined in HIPAA and the HIPAA Privacy Rule as “protected health information.”) Examples include, but are not limited to:

- Physical, medical and psychiatric records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples; and
- Patient insurance and billing records.

Only individuals who have been approved and issued credentials to log in and use EPIC CareLink (“Authorized Users”) may access EPIC CareLink. As a condition of being granted status as an Authorized User for permitted purposes of accessing EPIC CareLink and the electronic health records (“EHR”) system maintained by Tower Health on behalf of its affiliates, Chestnut Hill Hospital LLC, Phoenixville Hospital LLC, Pottstown Hospital LLC, Reading Hospital, STC OpCo, LLC d/b/a St. Christopher’s Hospital for Children (each, a “Hospital,” and collectively, the “Hospitals”) Tower Health Medical Group (“THMG”) and STC Pediatrics, LLC and the medical practices operated by THMG and STC Pediatrics (collectively, the “Tower Entities”), and accessing Confidential Health Information under the Access to Electronic Health Record Agreement entered into by my employer, \_\_\_\_\_(Outside Entity) and Tower Health,

I agree to access Confidential Health Information through CareLink only for purposes of accessing medical records in the EHR for purposes of coordinating care and treatment of patients of Tower Entities by \_\_\_\_\_ (Outside Entity) and for no other purpose.

I will be assigned a Username ID and a one-time use activation code. I agree to immediately select and enter a new password known only to me. I may also be required to provide additional information needed for two-factor identification. I understand I may change my **password at any** time and will do so based on Tower-established policy and/or when prompted. I understand that I am to be the only individual authorized to use and possess my confidential password. The following terms and conditions apply to my access to and use of the Tower Entities’ EHR system through CareLink:

• I understand that I am accountable for all actions done under my assigned username and password. Usernames and passwords assigned to gain access to the Tower Entities' EHR system are my electronic signature and the equivalent of my legal written signature. I will not disclose, share or allow any other person to use my username and/or passwords or store my username or password in writing or attempt to use any other Authorized Users username and password to access the Tower Entities' EHR system.

I understand that my username ID and password are equivalent to my signature. Also, I am aware that I am responsible for any use of Epic CareLink utilizing my User ID and password. This includes data entered, viewed, printed or otherwise manipulated. If I have reason to believe that my password has been compromised I will promptly report this information to the Tower Health Privacy Officer and I will also immediately change my password. I understand that User IDs cannot be shared. Inappropriate use of my ID (whether by me or anyone else) is my responsibility and exposes me to severe consequences

- I will not work under another Authorized User's ID.
- I will contact the Tower Health Technology Service Desk if I have any questions regarding use of CareLink and the EHR.
- I agree not to circumvent or attempt to circumvent any security mechanisms or authentication processes in place.
- I agree that I will not access my own health information, or health information pertaining to my family members or friends that may be maintained in the Tower Entities' EHR unless I am the treating provider or require access to perform my permissible functions under the Access to Electronic Health Records Agreement.
- I understand that my access to the EHR system maintained by Tower for the Tower Entities and its contents may be monitored from time to time by Tower.

By signing this Confidentiality Statement:

1. I agree to protect the privacy and security of Confidential Health Information I access using CareLink through in the EHR system maintained by Tower Health on behalf of the Tower Entities at all times.
2. I agree to a) access Confidential Health Information to the minimum extent necessary for my assigned duties and b) disclose such Confidential Health Information only to persons authorized to receive it for permissible purposes.
3. I understand that Tower tracks all username IDs used to access electronic records. Those username IDs enable discovery of inappropriate access to patient records.
4. I understand that inappropriate access and/or unauthorized release of Confidential Health Information will result in temporary and/or permanent termination of my access to the Tower Entities' EHR system maintained by Tower on behalf of the Tower Entities.

**Acknowledged and agreed:**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_