



**Providence Hospital Access Request Form
Confidentiality Acknowledgement
*** Non-Providence Hospital Employees *****

Employee Information: (Please Print) * indicates Required Information

*Name: _____
First Last * Middle initial (required)

*Date of Birth: _____(m/dd/yyyy) *Last 4 of SSN: _____ Hire date: _____(m/dd/yyyy)

Phys Group/Company: _____ Job Title: _____

Address: _____ Ph. #: _____

User email address: _____

What current user has the same access/rights you want this new user to have: _____

Does this employee need Temporary Access only: Y or N. If Yes, terminate access date: _____

*Office Manager/Phys Signature (required): _____

*By signing you understand you are responsible for immediately notifying the AHIS Clinical staff when this employee leaves employment

*Office Manager/Phys e-mail (required/log on info will be securely emailed): _____

Circle one of the choices below that most closely describes your role (please read carefully and choose only one):

OFFICE RN	CASE MANAGER	DATA ENTRY
OFFICE LPN	SOCIAL WORKER	BILLING PERSONNEL
MEDICAL ASSISTANT	OCCUPATIONAL THERAPIST	SECRETARY/RECEPTIONISTS
NURSE PRACTITIONER	RESPIRATORY THERAPIST	OFFICE ADMINISTRATOR
NURSE MANAGER	PHYSICAL THERAPIST	OFFICE MGR/SUPERVISOR
PHYSICIAN'S ASSISTANT	CLIN RESEARCHER/EDUCATOR	MED RECORDS / CHART PREP
MED TECH	CODER CODING AUDITOR	OTHER _____

Access Selections: ___*Network/VPN ___ Physician Portal ___*HEO ___*eHIM ___*PACS/ICA-RAD
 ___*cPACS ___SCI/Order Facilitator ___**Reset expiration Date

Please read carefully and sign below:

Access to electronic protected health information (ePHI) at Providence Hospital is strictly confidential and is not distributed outside the Providence Hospital network without prior written authorization. Requests for access to Providence Hospital's applications, the electronic medical record, and the use of those applications imply consent to state and federal laws regarding patient confidentiality under HIPAA guidelines. Any misuse of Horizon Clinicals Applications or the electronic medical record may result in denial of computer access as well as civil/criminal penalties under state/federal law. Audit trails are reviewed routinely for illegal access. You should only access information needed to perform your specific job duties. To do otherwise is in direct violation of HIPAA and Providence Hospital's security and privacy regulations. Users are strictly prohibited from sharing their system identification (user id and password) with anyone. Identification of the user signed on to the application is recorded with each transaction performed. Signing off is required when leaving the computer terminal so that unauthorized individuals may not access patient information. If at any time you feel a security violation may have occurred, please contact the HELP Desk at 251-633-1700.

Employee Signature: _____ Date: _____

Description of applications:

*Some applications are not available outside the Providence Hospital network and will require you to have a network log on, as indicated by an *

*eHIM- Discharged Legal Medical Record to include reports from other systems as well as scanned information/handwritten documentation.

*PACS/iConnect- Radiology Imaging System (Radiology reports available to view in Physician Portal and eHIM)

*cPACS- Cardiology Imaging system (Cardiology reports are available to view in Physician Portal and eHIM)

Physician Portal- Viewer of electronic health record past and present real-time data for Clinical Documentation and reports from ancillary systems such as Lab, Radiology and Transcription.

*Physician Portal **with HEO** (Order Entry access)

SCI/Order Facilitator-Submission of Physician Orders for Outpatient Diagnostics

****PLEASE NOTE:** All accounts are set up to expire at 1-year. This request form will need to be resubmitted to extend access as needed, and the appropriate application(s) checked along with "Reset Expiration Date".

SEND COMPLETED FORMS TO PROVIDENCE LEGAL: FAX 631-3561

(revised 6/16)