



## University of Toledo Medical Center

# Affiliate Access Request Form for Electronic Medical Record (EMR) Access

*(This form is to be used if you are if you are **not** a UTMC, UT, UTP employee or student)*

As an affiliate requesting access to the University of Toledo Medical Center Electronic Medical Record (EMR), I agree to protect the confidentiality of any information that becomes accessible through association with the University of Toledo Medical Center. I will comply with Affiliate Access Agreement. I understand that information pertaining to the patient's admission, diagnosis, treatment and financial status is confidential and must be protected. Breaches of confidentiality will be reported to and investigated in accordance with institutional policy and procedures.

**Please complete the following form (legibly), fax to 419-383-2000, Attn: Lynn Hutt, Compliance and Privacy Officer. The following process will need to be completed in order to provide you access to the portal.**

- 1. A Rocket Number and an active UTAD account is necessary- one will be created for you, if we receive all required information.**
- 2. Once a Rocket Number is created, you will be notified to activate your Rocket Number, a UTAD account will automatically be created for you. (instruction will be provided)**
- 3. Please send Rocket Number and UTAD account name to [lynn.hutt@utoledo.edu](mailto:lynn.hutt@utoledo.edu).**
- 4. Once received, Information Technology Department will provide access to the EMR.**

Business Reason for Access (be specific) \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Requestor's Printed Name (legible)

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Occupation/Professional Designation

\_\_\_\_\_

SSN (**must** have to obtain access to the EMR)

\_\_\_\_\_

Affiliate Company/Physician

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Street Address

\_\_\_\_\_

E-mail Address

\_\_\_\_\_

City, State and Zip Code

\_\_\_\_\_

Residency Program (if applicable)

\_\_\_\_\_

Responsible Agent's Printed Name (Physician or Manager)

\_\_\_\_\_

Requestor's Signature

\_\_\_\_\_

Responsible Agent's Signature (Physician or Manager)

Physician/Residents only: please designate if you will need access to the following to document:

Clinic \_\_\_\_\_ Emergency Department \_\_\_\_\_ Hospital \_\_\_\_\_ Dictation \_\_\_\_\_

- Failure to provide a completed form, may delay our ability to process your request to obtain access.**

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FOR INTERNAL USE ONLY

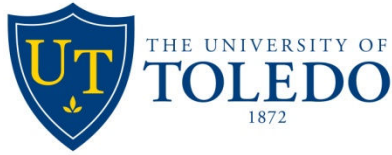
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UTAD ID: \_\_\_\_\_  
(Forward to HIT/HCI)

Rocket Number \_\_\_\_\_

Clinical Portal Account Created By: \_\_\_\_\_

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



**THE UNIVERSITY OF TOLEDO MEDICAL CENTER  
CONFIDENTIALITY AND SECURITY ACCESS AGREEMENT  
AFFILIATE PHYSICIAN PORTAL ACCESS**

The University of Toledo Medical Center (UTMC) is committed to providing access to clinical information in order to advance patient care. UTMC safeguards the privacy of all patients and protects the confidentiality of patient health information in any format as well as all sensitive information obtained through the UT information systems and considers this confidential information. UTMC must assure the confidentiality of medical records and research information. All documents and messages created or sent by any University of Toledo (UT) system or retrieved using any other communication or computer system is the property of UT.

**USER AGREEMENT**

To obtain access and maintain authorization to your patient's information through the UTMC Portal (Electronic Medical Record), you agree to comply with the following:

To protect the confidentiality of confidential and protected health information, and to not disclose any information obtained from the system, except as specifically authorized in this Agreement or as required by law; and will:

Abide by: University of Toledo Medical Center HIPAA policies and procedures located at [www.utoledo.edu/policies](http://www.utoledo.edu/policies): HIPAA policies are 3364-100-90-1-16 as well as the following:

1. I understand all relevant provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including Subtitle D of the Health Information Technology for Economic and Clinical Health Act (HITECH Act), how these Acts apply to security access being requested, and my obligation to comply legally to the provisions of these Acts.
2. I will comply with any UTMC security or privacy policy to protect the security and privacy of Confidential Information.
3. I will access the UTMC Information System for the sole purpose of treatment to improve patient care.
4. I will not access or view any Confidential Information, or utilize equipment, other than what is necessary for treatment of patients' under my care.
5. I will log off any computer or terminal prior to leaving it unattended and follow any proper shut-down procedures when I have finished accessing the system.
6. I will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information in the UTMC computer system. Such unauthorized transmissions include, but are not limited to: removing or transferring Confidential Information from the UTMC computer system to unauthorized locations.

7. I will not disclose my computer ID and password to another party or knowingly use another person's computer ID and password instead of my own for any reason. In addition, I understand that my personal user ID(s) and password(s) used to access the computer systems is also an integral aspect of this Confidential Information.
8. I will not disclose any Confidential Information with others including friends and family who do not have a "business need to know."
9. I will not discuss Confidential Information where others can overhear the conversation. I understand that it is not acceptable to discuss Confidential Information in public areas even if a patient's name is not used.
10. I understand that all computer access activity is subject to audit. UTMC reserves the right to access, audit and monitor all computer access including but not limited to, messages and files as deemed necessary and appropriate.
11. I will immediately report any activity, by any person, including myself, that is a violation of this agreement or of any UT information security or privacy policy.
12. I understand that in order for any ID and/or password to be issued to me, I must agree to comply with this Agreement. The Request form must be fully completed, signed, dated, and witnessed.
13. I understand this Agreement does not imply any type of employment contract.

**LIMITATION OF LIABILITY:**

UTMC DOES NOT WARRANT THAT THE WEB SITE WILL OPERATE ERROR FREE OR THAT THE WEB SITE AND ITS SERVER ARE FREE OF COMPUTER VIRUSES OR OTHER HARMFUL MECHANISMS. IF A USER'S USE OF THE WEB SITE OR THE MATERIAL POSTED ON THE WEB SITE RESULTS IN THE NEED FOR SERVICING OR REPLACING EQUIPMENT OR DATA, UT/UTMC IS NOT RESPONSIBLE OR LIABLE IN ANY MANNER WHATSOEVER FOR THOSE COSTS.

In addition to your other obligations that appear in this Agreement, you agree to defend, indemnify and hold harmless the State of Ohio, UT and its Board of Trustees, employees and agents for and against all claims, expenses (including reasonable attorney's fees), damages and liabilities arising or alleged to arise from accessing the System or use of the information obtained from the System, or any breach of this agreement. In addition, you agree that UT shall have the right to obtain equitable relief from a court of law as UT may deem necessary or appropriate to prevent or stop any unlawful or unauthorized actions.

**OTHER TERMS:**

UT may terminate this agreement and your right to access your patient information at any time and for any reason. If you do not access the UT Portal for six (6) months, your access will be terminated and you will be required to submit access forms.

This agreement will be construed with and governed by the laws of the State of Ohio.

Affiliate (Requestor) Signature \_\_\_\_\_ Date \_\_\_\_\_

Affiliate (Requestor) Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Sign and fax to 419.383.2000, Attn.: Lynn Hutt. Compliance & Privacy Officer  
Maintain a copy for your files.**