UM Sylvester PharmNet Pharmacy System
Clinical Information Management Systems Access Request Form
Fiscal Year 2005-2006

THIS INFORMATION IS TO BE FURNISHED BY THE REQUESTOR   (PLEASE PRINT LEGIBLY)

☐ **NEW USER ACCESS**   ☐ **MODIFY USER ACCESS**

REQUESTOR'S INFORMATION

LAST NAME	M.I.	FIRST NAME	MEDICAL USER NAME (EMAIL) *REQUIRED*
POSITION TITLE		Employee ID#	TELEPHONE/BEEPER
ORGANIZATION NAME		LOCATION (BLDG/RM)	DEPARTMENT/DIVISION

REQUEST FOR ACCESS TO ELECTRONIC HEALTH RECORD INFORMATION

PharmNet is designed to manage pharmacy operations and help facilitate Pharmacist drug ordering and dispensing.
In compliance with applicable state and federal laws, including the **Privacy** standard promulgated under the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**, the University of Miami has developed policies and procedures for the use and disclosure of University patient health information. If you have any questions or comments concerning our policies and procedures, contact the Privacy and Security Office at **305-243-5000** or email us at **hipaaprivacy@med.miami.edu**.

☐ **Patient Treatment** (Describe Your Job Function)
_____

☐ **Payment/Operation** (Describe Your Job Function)
_____

☐ **Research** (Describe Your Job Function)
_____
Review of medical records for research purposes requires the University Institutional Review Board (IRB) approval unless the study is deemed exempt (see CFR 46.101). The IRB has the responsibility of reviewing all human subjects research conducted by faculty, staff and students of both the University of Miami and the Jackson Health System (JHS). The IRBs' jurisdiction extends not only to research conducted on University and JHS premises, but also to research conducted elsewhere under the auspices of these institutions. For more information contact IRB at 305-243-6713.

IRB#_____ P.I. Name (Print Name)_____ Date of IRB Approval: _____

Principal Investigator Signature: _____ Date: _____

Requestor Signature: _____

REQUIRED SIGNATURE BY THE REQUESTOR'S SUPERVISOR/ADMINISTRATOR:

Approving Supervisor/Administrator Printed Name:	Approving Supervisor/Administrator Signature:	Telephone/Ext:

System Access Procedures:

1. **Complete the required information on the EHR Access Request form.**

2. **Return the completed form along with the Training Request Form to the Clinical Information Management Systems Department. The form can be faxed to 305-243-7355. Training Registration is not complete until both forms are received with appropriate signature.**

3. **The completed form will be submitted to the appropriate Departmental Representatives for approval.**

4. **Username and password will be assigned once the request is approved and the training has been completed.**

5. **Forgot your password? Contact the Support Desk at 305-243-7339.**

On a yearly basis, access must be renewed in writing following these same procedures, otherwise access will be discontinued.

CIS STAFF ONLY

ARF Status	Date of Approval:	Date of Training:	Agreement & Certificate on File: YES NO	Completed by:
Human Resource Approval Printed Name:		Human Resources Approval Signature:		Telephone/Ext: