

System Access Request For Physician Office Personnel Packet Instruction Sheet

Please follow the instructions below when requesting system access for employees of credentialed physicians who are members of the Saint Agnes Medical Staff. Failure to submit properly completed forms may delay processing:

1. Complete the Access Request form on page 2. All information is required. Be sure the applicant and the authorizing physician sign the form.
2. Read and complete the Confidentiality and Network Access agreement starting on page 3. Be sure the applicant and the authorizing physician sign the form.
3. Fax completed forms to Medical Staff Services at 559-450-3370.
4. You will be contacted to schedule the required system training once your request has been processed.

REMOTE ACCESS

1. Requires the use of a secondary password which will be delivered via a designated telephone.
 - a. The designated phone must NOT be one that is answered by an automated attendant.
 - b. Make sure the phone is close to the computer you will be working on.
 - c. Cell phones are acceptable.
2. The process to answer security questions and set up your phone will come to you via email.
 - a. Make sure your email address is correct.
 - b. The security questions will allow you to access remotely should you not be near your designated phone.



Saint Agnes Medical Center

Trinity Information Services
Physician Office Personnel System Access

Users are bound by SAMC privacy and security policies. Please call 559-450-3200 for policy information.

Due to processing delays only typed forms will be accepted. Please do not hand write.

Print Last Name :	First Name :	M.I.	Office Phone # :	Last 4 digits of SSN:
Print Address			Zip Code	Fax #
Physician Name :	Phys. PAS# :	Office Manager Name :		Manager Phone # :

TRAINING IS REQUIRED

- You will be receiving a call to schedule a class time.
- If there is a trainer in your office, training will be coordinated by your trainer.

Access Requested

<input type="checkbox"/>	Check this box if adding applications to existing access. Existing User ID: _____
<input type="checkbox"/>	Cerner PowerChart w/ HPF (Medical Record) printing functionality
<input type="checkbox"/>	PACS (not available with remote access); Model after: _____
<input type="checkbox"/>	Remote Access
<input type="checkbox"/>	e Mail Address: _____
<input type="checkbox"/>	Other: _____

Applicant Signature :		Date :
Notice: Only office staff employed by the Authorizing Physician's practice who perform their duties on-site at the practice's office are eligible for access. By signing below, the Authorizing Physician is confirming the applicant's eligibility and accepting responsibility for the actions of the applicant while accessing Saint Agnes Medical Center systems.		
Authorizing Physician Printed Name :	Authorizing Physician Signature :	Date :

FAX completed form to Medical Staff Services at 559-450-3370.

TIS USE ONLY

Date Received :	Heat Ticket# Assigned :	Gate Keeper Date	Medical Staff Services Gate Keeper Signature :
User ID Assigned :	Setup Completed by :	Title : Physician Staff	Medical Staff Services Gate Keeper Printed Name :
Date Completed :	Cost Center / Dept : 00003 / Medical Staff	Description : 6 - Credentialed Physician's Employees	

SAINT AGNES MEDICAL CENTER/ TRINITY HEALTH
CONFIDENTIALITY AND NETWORK ACCESS AGREEMENT

The following rules for Confidentiality and Network Access apply to all non-public patient and business information (Confidential Information) of Saint Agnes Medical Center, Trinity Health, and related organizations. The rules also apply to the non-public and business information of joint ventures, or of other entities and persons collaborating with Saint Agnes Medical Center and Trinity Health, to which the user has access. As a condition of being permitted to have access to Confidential Information relevant to my job function or role I agree to the following rules:

1. Permitted and required access, use and disclosure:

- I will access, use or disclose Confidential Patient Information (PHI) only for legitimate purposes of diagnosis, treatment, obtaining payment for patient care, or performing other health care operations functions permitted by HIPAA and I will only access, use or disclose the minimum necessary amount of information needed to carry out my job responsibilities.
- I will access, use or disclose Confidential Business Information only for legitimate business purposes of (MO) or Trinity Health.
- I will protect all Confidential Information to which I have access, or which I otherwise acquire, from loss, misuse, alteration or unauthorized disclosure, modification or access including:
 - making sure that paper records are not left unattended in areas where unauthorized people may view them;
 - using password protection, screensavers, automatic time-outs or other appropriate security measures to ensure that no unauthorized person may access Confidential information from my workstation or other device;
 - appropriately disposing of Confidential Information in a manner that will prevent a breach of confidentiality and never discarding paper documents or other materials containing Confidential Information in the trash unless they have been shredded
 - safeguarding and protecting portable electronic devices containing Confidential Information including laptops, smartphones, PDAs, CDs, and USB thumb drives.
- I will disclose Confidential Information only to individuals, who have a need to know to fulfill their job responsibilities and business obligations.
- I will comply with Saint Agnes Medical Center/Trinity Health's access and security procedures, and any other policies and procedures that reasonably apply to my use of the computer systems and/or my access to information on or related to the computer systems including off-site (remote) access using portable electronic devices.

2. Prohibited access, use and disclosure:

- I will not access, use or disclose Confidential Information in electronic, paper or oral forms for personal reasons, or for any purpose not permitted by Saint Agnes Medical Center/Trinity Health policy, including information about co-workers, family members, friends, neighbors, celebrities, or myself. I will follow the required procedures at Saint Agnes Medical Center to gain access to my own PHI in medical and other records.
- I will not use another person's, login ID, password, other security device or other information that enables access to Trinity Health's computer systems or applications nor will I share my own with any other person.
- If my employment or association with Saint Agnes Medical Center/Trinity Health ends, I will not subsequently access, use or disclose any Saint Agnes Medical Center/Trinity Health Confidential Information and will promptly return any security devices and other Trinity Health property.
- I will not engage in any personal use of Saint Agnes Medical Center's computer systems that inhibits or interferes with the productivity of employees or others associated with Saint Agnes Medical Center/Trinity Health's operations or business, or that is intended for personal gain;

**SAINT AGNES MEDICAL CENTER/ TRINITY HEALTH
CONFIDENTIALITY AND NETWORK ACCESS AGREEMENT**

- I will not engage in the transmission of information which is disparaging to others based on race, national origin, sex, sexual orientation, age, disability or religion, or which is otherwise offensive, inappropriate or in violation of the mission, values, policies or procedures of Trinity Health;
- I will not utilize the Saint Agnes Medical Center/Trinity Health network to access Internet sites that contain content that is inconsistent with the mission, values and policies of Saint Agnes Medical Center/Trinity Health.

3. Accountability and sanctions:

- I will immediately notify the Saint Agnes Medical Center/Trinity Health Security Official (James Conrad – 559-450-2048) or Privacy Official (Michael Baldwin – 559-450-3510) if I believe that there has been improper/unauthorized access to the Trinity Health network or improper use or disclosure of confidential information in electronic, paper or oral forms.
- I understand that Saint Agnes Medical Center/Trinity Health will monitor my access to, and my activity within, Trinity Health's computer system, and I have no rightful expectation of privacy regarding such access or activity.
- I understand that if I violate any of the requirements of this agreement, I may be subject to disciplinary action, my access may be suspended or terminated and/or I may be liable for breach of contract and subject to substantial civil damages and/or criminal penalties.
- If I lose my security device I will report the loss to the Saint Agnes Medical Center Computer Help Desk at 559-450-3200 immediately and I may be charged for its replacement.

4. Software use:

- I understand that my use of the software on Trinity Health's network is governed by the terms of separate license agreements between Trinity Health and the vendors of that software.
- I agree to use such software only to provide services to benefit Trinity Health. I will not attempt to download, copy or install the software on any other computer.
- I will not make any change to any of Trinity Health's systems without Trinity Health's prior express written approval.

5. Network:

- I understand that access to Trinity Health's network is "as is", with no warranties and all warranties are disclaimed by Trinity Health.
- Trinity Health may suspend or discontinue access to protect the network or to accommodate necessary down time. In an emergency or unplanned situation Trinity Health may suspend or terminate access without advance warning.
- Trinity Health may terminate this agreement, user access and use of Confidential Information at any time for any reason or no reason.

6. Employer acceptance of responsibility for an individual with access to Confidential Information:

(Applies to physicians/physician practices; other individual or facility providers; a vendor that is not a business associate; payers; any other unaffiliated organization).

- I accept responsibility for all actions and/or omissions by my employees and/or agents
- I agree to notify the Saint Agnes Medical Center Computer Help Desk at 559-450-3200 within 5 business days if any of my employees or agents who have access to Trinity Health systems or applications no longer need or are eligible for access due to leaving my practice/company, changing their job duties or for any other reason.
- I agree to report any actual or suspected privacy or security violations made by my employees and/or agents to the Saint Agnes Medical Center/Trinity Health Privacy Official or Security Official.
- I understand that Saint Agnes Medical Center/Trinity Health may terminate my employee and/or agent's access.

**SAINT AGNES MEDICAL CENTER/ TRINITY HEALTH
CONFIDENTIALITY AND NETWORK ACCESS AGREEMENT**

**SIGNATURE PAGE
RELATIONSHIP TO SAINT AGNES MEDICAL CENTER/ TRINITY HEALTH**

I Am Employed by a Saint Agnes Medical Center Credentialed Medical Staff Member

Name of Practice: _____

USER SIGNATURE

If there are any items in this agreement that I do not understand I will ask my Saint Agnes Medical Center supervisor or other appropriate Saint Agnes Medical Center contact person for clarification. My signature below acknowledges that I have read, understand and accept this agreement and realize it is a condition of my employment or association with Trinity Health. I also acknowledge that I have received a copy of the Confidentiality and Network Access Agreement.

Print Name

Signature of individual to be given access

Date

EMPLOYING PHYSICIAN SIGNATURE

(Required when user is an employee or agent of: a physician/ physician practice.)

My signature below acknowledges that I have read, understand and accept my responsibilities as the employing physician of the user who has signed this agreement above.

Print Physician Name

Physician Signature

Date

After completing this form, please FAX to Medical Staff Services at 559-450-3370