

INFORMATION SYSTEMS ACCESS FORM

INSTRUCTIONS: Complete all applicable fields, obtain administrative approvals and fax to Information Systems at 312-6245

*	User Name (Last, First, MI):	Home Phone:
*	Department/Office Name: HIM	Office Location:
*	Employee Number: NA	* Last 5 digits Social Security Number: (Only required for temporary employees)
*	Supervisor (if applicable): De Sears	* Work Phone:
*	Ext: 11353	Supervisor's Email: dsears@phoebesumter.org
*	User's Job Title: contract transcriptionist	<input type="checkbox"/> Permanent <input type="checkbox"/> Student <input type="checkbox"/> Physician <input type="checkbox"/> PA/NP
*	Effective Date: (Required): 1/1/13	<input type="checkbox"/> Traveling Nurse <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary

Termination Date: (Required for temporary employee type):

User provided to copy from is only used to copy the setup in the applications that are requested on this form. If no applications are requested, then no other access will be given except network access.

REASON FOR REQUEST	ACCESS NEEDED (Choose all that apply)		
<input checked="" type="checkbox"/> New User - New Account	STAR/HBOC Access:	YES	NO
*Set up user same as- enter user info below	FIN	<input type="checkbox"/>	<input type="checkbox"/>
*Employee: Debra Boatner	CLIN	<input type="checkbox"/>	<input type="checkbox"/>
*Employee ID: contract transcription	Radiology	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Modify - Existing Account	Horizon Applications:	YES	NO
Set up user same as-	HEC - TB	<input type="checkbox"/>	<input type="checkbox"/>
Employee:	HEC - Doc	<input type="checkbox"/>	<input type="checkbox"/>
Employee ID:	HEV	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Transfer of Department	HED	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete User - Delete Account	<input type="checkbox"/> HLAB <input type="checkbox"/> HMM <input type="checkbox"/> HSM		
	<input type="checkbox"/> HAC <input type="checkbox"/> CPOE		
	<input type="checkbox"/> Internet Access		
	PPMH Email: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Materials Management:	Registration/ Financial:	
	<input type="checkbox"/> HSS	<input type="checkbox"/> ISUITE	<input type="checkbox"/> IPAYX
	Cost Center:	<input type="checkbox"/> VRS	<input type="checkbox"/> PHOEBE CARES
		<input type="checkbox"/> REVRUNNER	
	Clinical Applications (select all that apply to your position):		
		YES	NO
	Chart Maxx	<input type="checkbox"/>	<input type="checkbox"/>
	PACs	<input type="checkbox"/>	<input type="checkbox"/>
	Admin Rx	<input type="checkbox"/>	<input type="checkbox"/>
	PhysicianConnect	<input type="checkbox"/>	<input type="checkbox"/>
	Care Organizer	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> A4 EMR	<input type="checkbox"/> ObTraceVue	<input type="checkbox"/> MercuryMD <input checked="" type="checkbox"/> Meditech

Special Instructions: will need VDI access - off site transcriptionist

Confidentiality of patient information is an increasingly important and complex issue. Phoebe Putney Memorial Hospital has both a legal and ethical obligation to protect sensitive patient-related data in the delivery of patient care. Information obtained through PhysicianConnect may not at any time be disclosed, examined, or duplicated. Verbal communications regarding patients and their care must take place so as to protect the patient's privacy and prevent any inadvertent breach of confidentiality. Failure to maintain strict confidentiality of patient information obtained through PhysicianConnect may result in disciplinary action including legal remedies.

User password and ID are not to be shared with anyone. Replacement and additional Secure ID units will be the financial responsibility of the User. Information Systems must be notified of any changes in the User of this account.

By signing below, I have read and agree with the above statements.

SIGNATURE

User Name	Date:	
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APPROVAL

* Director/Designee**	Date:	
VP/Sr VP	Date:	

** Office staff will be given access through physician access and the physician will be accountable for information accessed by the employee. A physician must approve access for office staff by signing the form as Director/Designee.

*** Fields with an * are required. Access will not be processed if not completed.**