**HALIFAX HEALTH INFORMATION TECHNOLOGY**

**ACCESS REQUEST FORM FOR PHYSICIAN OFFICE BUSINESS ASSOCIATES**

***ALL FIELDS MUST BE COMPLETED LEGIBLY.***

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| **Employee Name** (**Legal** F**irst, MI, Last**): | | **Create a 5 digit number** (This number will be required  to reset your password) | |
| **E-Mail Address:** | | **Phone #:** | |
| **Choose One:**  **Add**  **Delete**  **Change**  **Reactivate** | | **Access to OR Scheduling Portal** | |
| **Access:**  **RESTRICTED  UNRESTRICTED** (NOTE: only two users in each physician office are allowed unrestricted access.) | | | |
| **Choose One:**  **OFFICE STAFF  OFFICE MANAGER  PHYSICIAN  PA  ARNP** | | | |
| **FAX to (386) 258-4808 when completed and signed by authorized physician. Please allow 2 weeks for processing.** | | | |
| **Group Practice Name:** | | | |
| **List all providers that user needs access to (unless unrestricted):** | | | |
| **Office Address:** | | | |
| **Office Manager:** | | | |
| **Office Manager E-Mail Address:** | | **Office Mgr. Phone #:** | |
| Halifax Health Computer Access Policy | | | |
| Use of the access code(s) and/or PIN will allow you to gain authorized access to certain computer systems and computer-based information. By accepting the code(s) and/or PIN, you acknowledge that HALIFAX HEALTH computers are for HALIFAX HEALTH business use only and you agree to the following:   1. My user access code and/or PIN number is the equivalent of my signature. 2. **My user access code and/or PIN number will not be disclosed to anyone.** 3. **I will not attempt to learn another user's access code and/or PIN number.** 4. I will not attempt to access information in a computer system by using an access code and/or PIN other than my own. 5. I will not attempt to access any unauthorized information, or use systems outside the scope of my authority or responsibility. 6. I will log off the application when I have retrieved the information needed. 7. If I have reason to believe that confidentiality of my user access code(s) and/or PIN number has been broken, I will report this to my supervisor and will contact the IT Department immediately so that the compromised access code and /or PIN number can be deleted and a new code and/or PIN number will be assigned to me. 8. I will not use my user access code and/or PIN number and then allow another to enter, retrieve, and/or electronically sign onto a computer system. 9. I understand that all activity recorded under my user access code and/or PIN number will be ascribed to me. I also understand that, should I forget an access code(s) and/or PIN number, it may be necessary to assign a new code. 10. I UNDERSTAND THAT VIOLATING ANY OF THE ABOVE MAY RESULT IN DENIAL OF ACCESS PRIVILEGES AND/OR DISCIPLINARY ACTION, WHICH MAY INCLUDE TERMINATION OF EMPLOYMENT OR OTHER SANCTIONS APPLICABLE TO MY RELATIONSHIP WITH HALIFAX HEALTH.  I understand that my user access code(s) will be deleted from the system when I terminate employment or my relationship with HALIFAX HEALTH. Should I be re-employed or re-establish a relationship with HALIFAX HEALTH and it requires a user access code, a new code will be issued at that time by the IT Department. Please sign this document and keep the attached copy of the HALIFAX HEALTH Computer Access Policy. | | | |
| Halifax Health Practitioner and Office Staff Acknowledgement of Electronic Health Record Appropriate Use Policy | | | |
| The undersigned hereby acknowledge the following appropriate use policies in connection with electronic health record access:   1. Unless subject to a restriction imposed by Halifax, practitioner and certain office staff that Practitioner designates will be able to access any Halifax patient visit with the exception of those in Confidential Locations and visits marked Confidential. Visits in Confidential Locations and visits marked Confidential may be accessed by the Practitioner only. 2. Practitioner and Office Staff may not access a visit record unless there is a treatment relationship with the individual that is the subject of the record, or unless he or she is acting on behalf of Halifax, say, for example, Halifax has contracted with the Practitioner to conduct utilization review or care oversight activities. Accessing any record out of curiosity or for a personal reason is strictly prohibited. 3. All visit accesses are logged and subject to audit. The person to whom a computer access code has been issued is accountable for the activity ascribed to his or her access code. 4. All other Practitioner responsibilities contained in the Medical Staff Computer Services Agreement remain in full force and effect.   **Violation of these appropriate use policies or the Medical Staff Computer Services Agreement is a serious offense, and may result in denial of access privileges, referral of the Practitioner to the Credentials Committee of the Medical Staff, or referral to the U.S. Department of Health and Human Services as a possible violation of federal privacy regulations.** | | | |
| **Printed Employee Name:** | **Employee Signature:** | | **Date:** |
| *By signing below, the authorizing official must be a Halifax Health credentialed physician and certifies that 1) he/she has verified the identity of the individual authorized for access at this location, 2) the user is a bona fide employee of the physician or entity that employees the physician, 3) on behalf of the entity, he/she takes responsibility for the individual’s usage of the Halifax Health systems for which access is authorized, and 4) will notify Halifax Health IT Security Office when the access is no longer appropriate/required.* | | | |
| **Printed Authorized Physician Name:** | **Authorized Physician Signature:** | | **Date:** |

**REVISED 1/5/2015**