Request for View Only Access/Termination to PowerChart

1. Request for View Only Access: Yes   No   HIM Approval: _____

☑ Millennium PowerChart Username/Password
☑ Off-Site Access (Citrix) Username/Password
☐ Kodak System 5 Username/Password
☐ Terminate User's Access

2. Please provide the following **user** information:
   Print full legal name;

   Last Name: _____

   First Name: _____

   Middle Initial: _____

   Birthday (Month and Date Only): _____

   Social Security Number (Last Four Digits): _____

   Job Title & Role: VISITING MEDICAL STUDENT

   Office/Department: Office of Education & Curriculum/SIU School of Medicine

   Phone Number/Ext: _____

   Email Address: _____

   Date Access Needed: (completed by SIU School of Medicine)

List information user is required to access and purpose for access related to associated job responsibilities:
Patient files as needed to provide medical care.

Indicate if access is for patient care: Yes ☑   No ☐
Indicate if access is for research or study purposes: Yes ☐   No ☑
Indicate if access is for billing and/or coding purposes: Yes ☐   No ☑

3. Please Print:
   Manager's Name/Title: Cherie Forsyth, Year 3 & 4 Registrar

   Phone Number/Ext: 217-545-6124

   Email Address: cforsyth@siumed.edu

   Mailing Address: SIU School of Medicine, PO Box 19622, Springfield, IL 62794-9622

   V.P./Administrator's Name: _____
   (Faculty/Department)

4. Complete Request and Confidentiality Statement forms (two pages total) **in full** and fax to HIM Department at **(217)757-7552.**

I understand that access to Memorial's computerized patient record is a privilege and that I am responsible for maintaining the confidentiality of the patient information according to the Release of Medical Information and Confidential Information policies. In the event of questionable access or respect for patient confidentiality, the user's access will be inactivated. **Memorial's Information Systems Department, phone (217)788-4357, will need to be notified of an employee's termination within one business day.**

Signature of User: _____   Date/Time: _____

Manager's Signature: _____   Date/Time: _____

Statement of Confidentiality & Access Controls for
External Access to the Computerized Patient Record

I understand that Memorial Health System is permitting me to access its computerized patient record system and I acknowledge that I can request the policies governing the use and distribution of the information obtained from that system, specifically the Release of Medical Information, the Confidential Information and the Computer System Password Policies located within the Administrative Policy Manual.

I understand that my username and password are to be used solely by me in connection with my authorized access of information. I agree to take all necessary steps to prevent anyone from gaining knowledge or use of my username and password. I understand that the use of my username and password by anyone other than me is strictly prohibited and that any violation of this policy will be monitored by the Health Information Management Department, and reported to the appropriate supervisory personnel.

In the event of inappropriate access or respect for patient confidentiality, my access will be inactivated. I do understand that the combination of my username and password constitutes a unique identifier, therefore allowing my accesses to be audited. I also understand and acknowledge that my username is stored with each document that I have accessed so it can be retrieved by the Health Information Management Department as they perform their audits.

I understand and accept the responsibility for safeguarding the confidential nature of the information to which I have access. I agree only to access information that I am authorized to access and is necessary for me to perform my job. I also acknowledge that I can access my own patient medical record.

I have read the above statement and understand and agree to comply with it completely. In addition, I agree to the following as signified by my initials:

Initial

_____ I may access the patient name "PowerChart, Training" for training and practice in using the application. It is not appropriate for a user to access patient's charts for which they do not have a legitimate clinical relationship. This includes accessing my family members' charts without first completing the appropriate release in Health Information Management.

_____ Make a habit of logging out whenever I leave the workstation!

_____ Each PowerChart user creates an individual, private password. Keeping this password private protects me from having my name logged in the database for an inappropriate access by someone else. It is not acceptable or safe to share my password with another person.

_____ Accessing a co-worker's chart or any patient's chart without a legitimate clinical relationship is unacceptable and grounds for access revocation.

_____   _____
Please Print Name   Department/Office

_____   _____
Signature   Date

_____   _____
Witness   Date