

U of L Health Care
Information Security Access Authorization Form

To be completed by USER

→	{	First Name: _____ Middle Initial: _____ Last Name: _____ Department Name: _____ Department Number: _____ Title / Role: Resident/Fellow _____ Employer: UofL Resident/Fellow			
→	{	<table border="0" style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <u>Authentication Information (complete all)</u> Last 4 digits of SSN: _____ Mother's Maiden Name: _____ City you were born in: _____ </td> <td style="width:5%; text-align: center;">→</td> <td style="width:45%; vertical-align: top;"> <u>Contact Information (complete all)</u> Phone Number: _____ Pager Number: _____ E-mail address: _____ </td> </tr> </table>	<u>Authentication Information (complete all)</u> Last 4 digits of SSN: _____ Mother's Maiden Name: _____ City you were born in: _____	→	<u>Contact Information (complete all)</u> Phone Number: _____ Pager Number: _____ E-mail address: _____
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<p>U of L Health Care Information Systems (ULH IS) is committed to protecting U of L Health Care (ULH) employees, resources, patients and partners from damaging or illegal actions by individuals, either knowingly or unknowingly. Computer resources are one of ULH's most valuable assets and shall be protected from theft, misuse, destruction or disclosure under applicable law, including Protected Health Information (PHI) covered under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.</p> <p><u>Therefore, I agree to the following provisions:</u></p> <ul style="list-style-type: none"> * Not to demonstrate the operation of computer equipment, systems or resources to anyone without specific authorization. * To maintain assigned passwords in strict confidence and not to disclose a password for anyone, at any time, for any reason. * To access only computer equipment, systems and resources as required for the performance of my professional responsibilities. * To contact the ULH IS department immediately if any security information (including User ID and Password) is compromised. * Not to disclose any portion of ULH computer resources to any unauthorized individuals. * Not to disclose any portion of a patient's PHI except to recipients designated by HIPAA for treatment, payment or operations. * To report any activities that may be a breach of confidentiality to the ULH IS Helpdesk at 502-562-3637 Fax 502-217-1048. * I understand that willful disclosure of my User ID and Passwords or use of another's passwords will be considered grounds for disciplinary action (which may include progressive actions up to and including termination) or revocation of access, in accordance with the appropriate policies of University of Louisville Hospital or your employer. <p align="center">→ By initialing, I accept the terms of this agreement: _____</p>					

→	User Signature: _____ Faculty Member Signature: <i>John L. ...</i> Completed by (IS use only): _____	Date: _____ Date: _____ Date: _____
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To be completed by IS * = One Time Password

Appropriate Systems access will be granted based on Resident/Fellow role for your area.

NON-EMPLOYEE PROFESSIONALS HAVE TO FILL OUT THE OTHER SIDE OF THIS FORM.

**STATEMENT OF CONFIDENTIALITY AND HEALTH INFORMATION PORTABILITY and
ACCOUNTABILITY ACT (HIPAA)**

All information obtained through the hospital computer system with respect to patients' charts, employee files, or learned through conference with physicians, employees, patients, or family members is to be handled in a highly confidential manner and is not to be discussed with anyone not directly involved. I understand that any violation of the confidentiality of patient medical or business information may result in disciplinary action, up to and including discharge.

WHAT IS A COVERED ENTITY?

Covered entity means:

A health plan.

A health care clearinghouse.

A health care provider who transmits any health information in electronic form in connection with a transaction covered by the HIPAA regulations.

WHAT IS PROTECTED HEALTH INFORMATION?

Protected Health Information is information given to a covered entity about an individual's physical or mental condition. PHI includes the services provided by the covered entity or billing information related to the services provided. PHI also includes any information that can connect an individual to that information such as address, social security number, name, etc.

WHEN IS PHI USED?

PHI is used when it is shared, examined, applied or analyzed.

WHEN IS IT OK TO USE OR DISCLOSE PATIENT INFORMATION?

Covered entities can use or disclose information for the purposes of:

1. Treatment
2. Payment
3. Other healthcare operations.

IMPLICATIONS FOR YOU AS A NON-EMPLOYEE?

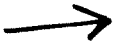
1. You are expected to share information only when needed and only as much as is necessary.
2. You are responsible for protecting the rights of the patients that come to U of L Health Care.
3. You put yourself and the hospital at risk when you share patient information inappropriately.

**Reason for the request and scope of activities that will be used by
the U of L Health Care's computer systems:**

Clinical care for ULH patients

~~_____~~
~~_____~~
~~_____~~
~~_____~~

I have read and understand the information attached and presented by the U of L Healthcare. I understand that it is my responsibility as a non-employee to adhere to U of L Healthcare's policies/procedures.



Print Name

Signature

UofL Resident/Fellow _____
Affiliation
