UMDNJ The UNIVERSITY HOSPITAL
University of Medicine & Dentistry of New Jersey
NEWARK, NEW JERSEY

Confidentiality & Information Security Agreement

I understand that through my work or association with The University Hospital (UH), I have an ethical and legal responsibility to protect the privacy of all patients and employees and to safeguard the confidentiality of their health and other sensitive information. This protection also extends to members of UH's health plans. In addition, I understand that UH Information Systems and all UH confidential and proprietary information are to be regarded as valuable resources. I will provide all necessary safeguards for the information to be kept secure from theft, misuse, and unauthorized reproduction, modification, or destruction. I understand that the UH Information Technology Division conducts information system security checks and that certain activities, such as unsuccessful log-in attempts, email usage, or Internet usage, may be monitored.

I understand that failure to comply with this agreement may result in the termination of my employment or association with UH and association with UH and/or civil or criminal legal penalties.

I AGREE THAT I WILL:

1. Not disclose confidential or proprietary information to any individuals who are not authorized to receive the information or to those who do not have a legitimate need to know in order to provide patient care or to carry out their duties with UH.
2. Protect the privacy and confidentiality of our patients, employees, and members of our group health plans.
3. Not disclose or share any confidential information, even if I am no longer associated with UH.
4. Not access, change, or destroy confidential or proprietary information except as required to perform my job
5. Know that my use of UMDNJ Information Systems to access confidential information may be audited and that UH may take away my access at any time.
6. Dispose of documents or other media when no longer needed, in an approved manner that protects confidentiality. I will follow the correct department procedure, where applicable.
7. Access only levels or components of the Information System as assigned to perform my job or service.
8. Keep my password(s) secret and not share it (them) with anyone. If I suspect that my password is known, I will immediately notify the appropriate Data Steward and change it so as not to compromise computer security.
9. Not install, transmit, or download from the Internet onto any Information System of UH, any unauthorized or unlicensed software, or material protected by copyright.
10. Not make unauthorized copies of UH software.
11. Log-off or secure my workstation, when unattended, according to departmental policy, where applicable.
12. Adhere to warnings about computer viruses and perform virus scan updates as directed.
13. Not transmit or display abusive, discriminatory, harassing, inflammatory, profane, pornographic or offensive language or other such materials over or on any UH Information Systems.
14. Report log-on or other system problems to the HS&T Help Desk.
15. Use UMDNJ Information Systems wisely to conserve costly space on the server.
16. Abide by the provisions of this agreement if granted remote access to any UMDNJ Information System.
17. Use UMDNJ Information Systems equipment for the sole purpose of performing my job or services except on occasion for minimum personal use.
18. Immediately report any violations of these provisions to a manager.
19. Participate in ongoing Information Security Training as directed.
20. Review the UH Information Security Agreement for renewal periodically as directed.
21. Comply with UH Policy.

I have read and understand the above and hereby agree to these provisions as a condition of my employment, contract, service, association or work with UH and these procedures will be enforced through monitoring mechanisms and random auditing. Violations of any guidelines may result in disciplinary action up to and including termination of UH's relationship with the violator.

Signature:_____**Date:**_____

Printed Name: _____

UH Entity Name:_____ **Department:** _____

Location: _____

Vendors, contractors, students, or others as appropriate, specify company, school: _____

MIC 2007: Reviewed by UMDNJ Privacy and Security Officer. - March 2007
Approved by MEC - April 24, 2007

HEALTHCARE SYSTEMS AND TECHNOLOGIES CLINICAL SYSTEMS
Electronic Medical Records Subscription Access Request Form

IMPORTANT INFORMATION (PLEASE READ)

Training Requirements: All users are required to complete online training OR online and classroom training (depending on job role) before submitting this form. **Please *PRINT* legibly and complete all fields.**

NOTE: All individuals requesting Electronic Medical Record access must complete UMDNJ approved HIPAA and Compliance training programs.

- **Non-UMDNJ Individuals:** Request a guest portal access account in order to register for the Centricity/Logician, Epic, MUSE, and PACS online courses: http://umdnj.edu/complweb/forms/forms_03webctmain.htm.
- **Research Individuals: Contact** the Medical Informatics Committee at 973-972-1800 for the required forms for approval.
- **CENTRICITY/LOGICIAN, EPIC , MUSE, and PACS TRAINING INFORMATION:** To learn about online training for Centricity/Logician, Epic, MUSE, and PACS ANGEL Learning System courses: http://umdnjwebprod.umdnj.edu/ca/ist/educational_services/edu_hst_clinsys_train.shtml
- **To Receive your Centricity/Logician, EPIC, MUSE, and PACS IDs:** Upon successful completion of Centricity/Logician, EPIC, MUSE, and PACS Training via ANGEL Learning, submit this completed form along with the certificate of completion from the training courses to:
  - **Newark users: ADMC Building 10, Room 1005** between 8AM-4PM. Mon-Fri. and Room **UH B104** between 8AM-4PM. Mon-Fri. for PACS access
  - **SOM users**: SOM IST at fax number 856-566-2860

A - EMPLOYEE INFORMATION

1. Reason for Application: (May choose more than one.) **NOTE: Incomplete forms and/or absence of supporting documentation of training will delay the processing of this request.**
   a. **Application:** ☐ EPIC ☐ Centricity/Logician ☐ MUSE ☐ PACS ☐ Other: _____
   b. ☐ **New User** ☐ **Current User:** Modify Account (User ID):_____
2. Last Name: _____ First Name: _____ M.I.: _____
3. Contact Number: _____ Department/Unit: _____ ☐ UPA (Faculty Practice)
4. Employee ID (A#) : ***(User authentication to meet HIPAA regulations)***: _____ RUID (i.e. CORE ID) _____
5. Title (check one): ☐ MD ☐ Community MD ☐ DO ☐ DMD ☐ DDS ☐ APN ☐ PA ☐ RN ☐ CRNA ☐ Anesthesiologist ☐ Fellow ☐ Nursing Assistant ☐ Respiratory Therapist ☐ Social Worker ☐ Case Manager ☐ Nutritionist ☐ Dietary ☐ Pharmacist ☐ Pharmacy Tech ☐ Staff RN ☐ Staff LPN

   Faculty/Students: You must provide a Start/End Date. You will not be activated without this information: Start Date_____ End Date_____

   Faculty/Instructors: Are you UH Staff?: ____Yes ____No: ☐ Medical Student ☐ Nurse Student ☐ Pharmacy Student ☐ PA Student ☐ SRNA

   ☐ Resident - Year _____ Program: _____ ☐ Rotator Resident ☐ OTHER (Check Job Role from Section B)
6. Auto Sign Labs/Images in Centricity/Logician?
   - Yes (Disclaimer: By authorizing the system to Auto Sign Lab/Images, you are still considered responsible for any Labs/Images received in the system with your name as the ordering provider and expected to follow up any abnormal result thru other means of Patient Care.)
   - No (Disclaimer: You will be responsible to sign any Lab/Images received in the system with your name as the Ordering Provider)

B - JOB ROLES (Select only if #5 above does not apply)

All Applications - Clinical
☐ Central Supply ☐ Departure Clerk ☐ Medical Technician ☐ Nurse Manager ☐ Office Staff ☐ OR Scheduler ☐ Unit/Ward Clerk ☐ LAB Releaser
☐ RAD Releaser ☐ EKG Releaser ☐ Vascular Releaser ☐ OTHER: _____

Epic - Registration
☐ Admitting Clerk ☐ Admitting Manager ☐ Information Desk ☐ Inquiry Only ☐ Outpatient Clerk DOC ☐ Outpatient Clerk DOC w OpTime ☐ Outpatient Mgr DOC
☐ Outpatient Nurse DOC ☐ Outpatient Registrar DOC ☐ Patient Flow PAR ☐ Patient Flow Manager ☐ Medical Records _____(indicate Role, i.e. coder, ptmerger,)

Epic - Scheduling/Registration (Cadence) : ☐ **LEVEL 1** ☐ **LEVEL 2**
☐ Ambulatory Care Tech Non-Certified ☐ Ambulatory Care Tech Certified ☐ Inquiry ☐ Scheduler ☐ Template Manager

C - SIGNATURES

Employee Signature: _____ **Date:** _____

Trainer: _____ **Training Date:** _____ **(if classroom training is provided)**

Manager Signature: _____ **Manager Print Name:** _____ **Date:** _____ **Phone#:** _____

FOR HST USE ONLY:

Date received @ HS&T: ____/____/____ &T Mgmt Authorization: _____ Date: ____/____/_____

Epic User Type : _____ Epic User Template: _____ HS&T Analyst: _____ Date: ____/____/_____

Date ID Created for : _____ by_____ Given to User:_____ User ID assigned: _____
(application) date) (date)

Instruct user of requirement to present this to HS&T upon completion of training for all systems requested. HS&T to make copy of this completed form for the user. This form will be used to create ID's for Epic, Centricity/Logician, MUSE, and PACS.