



St. Dominic's

HIPAA Privacy & Security

POWERCHART ACCESS REQUEST FORM

Instructions: Complete this form for users who are not employed by St. Dominic-Jackson Memorial Hospital that will access St. Dominic Hospital's electronic health record.

INITIAL ACCESS REQUEST

ADDENDUM TO INITIAL ACCESS REQUEST

I. USER & CLINIC INFORMATION

User Name, including credentials:	
Job Title:	
Email: (REQUIRED)	
*Phone number: (REQUIRED)	
Check All that Apply:	<input type="checkbox"/> Medical Provider (MD, PA, ARNP, Etc) <input type="checkbox"/> Office Staff <input type="checkbox"/> Other User
Clinic/Office Name:	
Clinic Number Provided by St. Dominic's	
Address:	
City, State, Zip	
Phone number	

***Remote user two factor authentication required-** Please complete this form in its entirety. Incomplete forms will be returned and fulfillment of your request will be delayed. Please forward the completed form as an email attachment to your Authorizing Supervisor or for external requestor, your St. Dominic Sponsor, for their approval. For security reasons St. Dominic's Hospital requires all remote connections to be authenticated using two (2) factor authentications. You must not only know your username & password to access St. Dominic's network but you must also have your cell phone or access to your work phone to authenticate each remote access session. **Provide a cell or direct work phone as your PhoneFactor contact number.**

II. EXTERNAL SOFTWARE ACCESS

Cerner Powerchart

Atlas- Referring Labs

Other

III. ACCESS JUSTIFICATION

HIPAA allows a provider to access a patient's health information (without a patient signed authorization) for Treatment, Payment, and Healthcare Operations. Even with these exceptions, only the minimum amount of information necessary to complete a job duty should be accessed. Please select the reason below for your access. Check all that apply. Then provide a more detailed response.

Treatment	Please describe the reason for requesting access to the System's above: (Describe the purpose of access; Does the activity support official business functions of department; Is the activity critical to department)
Payment	
Healthcare operations	
Other:	

IV. REMOTE ACCESS REQUIREMENTS

You will be granted access to Citrix Gateway which will be the way through which you access the EHR. Citrix Gateway is the mechanism through which the remote device you will use attaches to the St. Dominic network allowing you to login to the EHR. St. Dominic's security policy sets minimum security criteria for all PCs that attach to St. Dominic networks. This means that remote clients must also meet the relevant security criteria. The Remote Access device may run "hostchecker software" to check for the presence of operating system patches, firewall, and anti-virus programs.

As a user you are still obligated to follow and confirm that you will follow St Dominic security policies and procedures which include. Please attest to these security requirements by checking the boxes below.

- Strong passwords are enforced for all accounts capable of logging into the remote device that will be used to access our network;
- Sharing of passwords are strictly prohibited.
- Administrative access granted only to individuals who need it to perform official job functions.
- Remote device is protected by active filters of firewalls
- Device is protected by active anti-virus software that updates its virus definition files at least daily.

V. USER RESPONSIBILITY

System access can be audited. The user whose login is identified during an audit will be held accountable for access violations. If not logged in within 6 months, user account can be disabled.

By my signature below, I understand my responsibilities as outlined in the "Security Access Guidelines" policy. I attest that the information provided in this form is accurate to the best of my knowledge. I have also signed a "User and Confidentiality Agreement" and understand my responsibilities as outlined in that agreement. I understand that providing access to remote users and devices exposes St. Dominic to certain security risks. I will not conduct any activity that is considered high risk. I agree to notify the St. Dominic Security Group when this account is no longer needed so the access can be disabled. I will also notify the St. Dominic Security Group if I become aware of any security problems or threats related to this remote access.

User Name (Print):

User Signature:

Date:

Security Administrator Name:

Security Administrator Signature:

Date:

IT SECURITY GROUP ONLY:

Ticket Number:	
Security Analyst:	
Type of remote access granted: ie. VPN, Citrix Gateway, Portal	
Request Form Received Date:	
Approval Status:	
Approval Date/Access Granted:	
Nondisclosure on file:	
Business Associate Agreement on file, as required:	
Vendor credentialing, as required:	

