REMOTE USER ACCESS REQUEST FORM

FAX DIRECTLY TO INFORMATION SYSTEMS AT 978.946.8205

Please allow a minimum of 1 full week for user accounts to be created and security letters to be processed.

Personal Information: ALL FIELDS in this box are required PLEASE PRINT CLEARLY

Last Name: _____ Middle Initial: _____ First Name: _____
Position/Title: _____ Practice or Office Name: _____
Office Address/Location:_____ Practice Phone Number_____
Practice Fax Number _____
Supervisors Name_____ Supervisors email address:_____
Supervisors Phone # Including Extension_____
User Start Date: _____
Termination Date *(if known at start of service):* _____

Reason for Request:
_____
_____
_____
_____
_____

Access Request: MUST BE FILLED OUT CORRECTLY FOR PROPER ACCESS PLEASE PRINT CLEARLY

☐ New User ☐ Existing User/Job Change ☐ New Job Duties

□ Meditech position/role:_____ □ Mirror Access Level for Meditech | **Provide User Name**_____
□ Other:_____

Please Note: LGH accounts will be terminate after 60 days of inactivity automatically.

Termination: LGH MUST BE NOTIFIED UPON TERMINATION OF SAID EMPLOYEE

□ Scheduled Termination □ Immediate Termination

PLEASE SEND EMAIL TO:
Gerald Greeley Gerald.Greeley@Lawrencegeneral.Org
Steven Golner Steven.Golner@Lawrencegeneral.Org

Remote Access / Department Share Access Request

□ Remote Access Required Reason for Request: _____
□ Leadership Council Distribution List *(This individual has direct reports and/or holds a manager-level position or above)*
□ Access to Department Network Share – Provide share name or path _____

Please Note: Information Services Will Determine Appropriate Access Method

By signing this request form, I acknowledge that I have reviewed the confidentiality statement and all applicable I.S. policies and standards with the user and that when user services end with LGH, I will immediately notify Information Services of Termination.

Remote Users Signature: _____ **Date:** _____

Supervisors Signature: _____ **Date:** _____
Note: Supervisors Signature required for remote access request

Please return to LGH Information Systems Rev08042021

DEPARTMENT OF INFORMATION SYSTEMS
CONFIDENTIALITY AGREEMENT

I understand that Lawrence General Hospital has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, Lawrence General Hospital must assure the confidentiality of its human resources, clinical, payroll, fiscal, computer systems, and management information (collectively, "Confidential Information").

In the course of my employment/assignment at Lawrence General Hospital, I understand that I may come into the possession of Confidential Information.

I further understand that I must sign and comply with this agreement in order to get authorization for access to any of Lawrence General Hospital's Confidential Information.

1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. In addition, I understand that my personal access code, user ID(s), and password(s) used to access computer systems are also an integral aspect of this Confidential Information.

2. I will not access or view any Confidential Information, or utilize equipment, other than what is required to do my job.

3. I will not access my own patient account/medical record/employee file. I understand I have a right as a patient/employee to view this information, but must do so through the proper channels via the medical records department or my physician for the medical record, patient accounting for billing information, and human resources for HR/Payroll information.

4. I will not discuss Confidential Information where others can overhear the conversation (for example, in hallways, elevators, in the cafeteria, on public transportation, in restaurants, and at social events). It is not acceptable to discuss Confidential Information in public areas even if a patient's name is not used. Such a discussion may raise doubts among patients and visitors about our respect for their privacy.

5. I will not make inquiries about Confidential Information for other personnel who do not have proper authorization to access such Confidential Information.

6. I will not willingly inform another person of my computer password or knowingly use another person's computer password instead of my own for any reason.

7. I will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information in Lawrence General Hospital's computer system. Such unauthorized transmissions include, but are not limited to, removing and/or transferring Confidential Information from Lawrence General Hospital's computer system to unauthorized locations using any type of portable media.

8. I will log off any computer or terminal prior to leaving it unattended.

9. I will comply with any security or privacy policy promulgated by Lawrence General Hospital to protect the security and privacy of Confidential Information.

10. I will immediately report to my supervisor and/or Information Services any activity, by any person, including myself, that is a violation of this Agreement or any of Lawrence General Hospital's information security or privacy policy. The transgression will in turn be reported to the Chief Information Officer for review.

11. Upon termination of my employment/services, I will immediately return any documents or other media containing Confidential Information to Lawrence General Hospital.

12. I agree that my obligations under this Agreement will continue after the termination of my employment/services.

13. I understand the violation of this Agreement may result in disciplinary action, up to and including termination of employment and/or suspension and loss of privileges, in accordance with the Lawrence General Hospital's Confidentiality of Computerized Information Policy, as well as legal liability.

    OR

    I understand the violation of this Agreement may result in adverse action up to and including termination of my ability to work at or on behalf of Lawrence General Hospital, and/or suspension and loss of privileges, in accordance with Lawrence General Hospital's Policies and Procedures. In addition, under applicable law, I may be subject to criminal or civil penalties

14. I further understand that all computer access activity is subject to audit.

By signing this document I understand and agree to the following:
I have read the above agreement and agree to comply with all its terms.

Signature of employee/physician/student/volunteer/consultant: _____

Print Name: _____ Date: _____

Company (*If vendor/consultant/contractor) :* _____ Department for which providing Services: _____