

UK HealthCare Information Security Access Request Form

Guidelines for completing Access Request Form:

Date is the current date or the date form completed.

New, Change, Delete used to indicate if it is a new ID, change in access, delete access.

Access Level: Employee or Non-Employee (non-employee will include contract services)

Previous Student/Employee: Yes or No (If yes, please indicate Last Name at the time)

LogonID is used for changes and deletes only!

UKID is the SAP assigned Personal ID

S.S. # is required for all external accounts (UK ID – Internal Staff / S.S. # - External Staff)

Date of Birth needed as identifying element

Name should be the name in HR, not a nickname.

Job Role is needed to determine the correct level of access based on HIPAA mandated need to know or need to access for providing service or care.

Credentials: example MD, RN, etc

Department is the name of the hiring department or Vendor Name

Location/Building is where department is located.

(ie: HOSP = 4N, ED. CLINIC = South, Family Practice, ENT.)

(Chandler, Good Samaritan, Cardinal Hill, Select)

Phone is the number where user can be reached.

Should be a direct line not the public number for the department.

Identifying Facts are challenges that will be used to identify user for password resets or similar support. The user will identify and the responses will be recorded and used as an identifying reference when the user contacts MCIS for support.

Access Needed has several options that may be chosen. All access granted will be based on job functions and responsibilities and Information Security will assist in determining access needs. Call Information Security 257-5112, with any questions

ABN – Advanced Beneficiary Notification

ACE/AIM – Ambulatory Care Enhancement/Automated Insurance Manual – works with HealthQuest and used in patient registration

AIM – Automated Insurance Manual

DMS – Document Management System

ED Manager – Emergency Room module for Sunrise Clinical Manager

GE Muse

HealthQuest – Legacy Clinical Care System – Patient Management [PM], Patient Care[PC], Patient Accounting[PA]

KY Health Choice

Lab Collection Manager - Laboratory

MI View (Radiology PACS) – Image viewing system

PICIS

QS Fetal Monitoring

RevRunner

RSS – Resource Scheduling System, used in clinics

Rx Writer – Pharmacy

SCM/SRM – Sunrise Clinical Manager, clinical application

SoftMed

Tap & Go – Single Sign-On – Access granted depending on department.

TSO – Mainframe application used by UKHITS staff

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Account ID of another user performing the same role/work is another way of informing Information Security of access needed by the user. When an ID is included, Information Security will research the access for the LogonID listed and replicate it for the requested user.

Additional Information is a comment area where the requestor can pass additional information to Information Security that is not covered elsewhere on the form. (ie: user works weekends only, special notification instructions, etc.)

Director Signature is required. This person may have a different title but she/he is the person who approves hiring and/or timesheet.

Director Name is the printed name of the person who signed the request and authorized the user's access.

Phone is the number of the person who signed the request. Information Security will contact this person if problems arise in building access.

Department is the printed name of the department of the person signing the request.

Normally, Information Security will notify the user of LogonID and password within 2 business days of receipt of the authorizing **request**, completed **confidentiality form** and the completion of any **required competencies** is verified. Contact the Support Center at 859-323-8586 if you experience a longer delay in issuing requested access.

Email Account is requested using the campus account form found on the forms pages of the UK Web Site.

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Date: _____ (mm/dd/yyyy) New Change ____ Delete ____

Access Level: Employee ____ Non-Employee ____ (Non-Employee: timeframe access needed) _____

Previous Student/Employee: Y or N If Yes: Previous Name: _____

LogonID: _____ UKID: _____
Needed for change/delete Only! S.S. # is required for all non-UK staff

Date of Birth: _____
Mm/dd/yyyy

Name: _____
First. M.I. Last

Job Role: Resident Credentials: _____

UKHC Department/Vendor Name: Graduate Medical Education

Location/Medical Building: HQ-101, UKCMC Phone: _____

Identifying Facts: (For future use by support center to identify you when you call for assistance)

What is your father's mother's name? _____

City where you were born? _____

What is your mother's maiden name? _____

Access Needed:

ABN ____ ACE/AIM ____ AIM ____ DMS ____ ED MGR ____ GE Muse ____ HealthQuest ____

KY Health Choice ____ Lab Collection Manager ____ LSO Training Center (myUK) ____

MI View (Radiology PACS) PICIS ____ QS Fetal Monitoring ____ RevRunner ____

RSS ____ Rx Writer ____ SCM SOFTMED ____ Tap & Go ____ TSO ____

Remote Access: ____ (Please enter Server name or IP Address): _____

Account ID of another user performing the same role/work: _____
(Active Directory ID)

Additional Information/Special Instructions: _____

Director Signature: _____

Director Name: Deborah B. Aminoff Phone: 7-1363
(Please Print)

Department: Graduate Medical Education Cost Center Nbr. _____
(Please Print)

Send to Information Services – Information Security, 2224B Regency, 9827
FAX 859-257-7848 or e-mail to mcaccounts@uky.edu
Client will be called when access is built, normally within 2 business days after authorizations and needed competencies verified.
If the user is not notified within 2 business days, contact the Support Center at 3-8586, they will assist in getting the user's ID.

**UK HealthCare Information Security
Access Request Form**

Confidentiality Agreement for Computer Use

Applicant's Name _____ UKID: _____
(Please print. First, Middle Initial, Last)

Date of Birth: _____
[mm/dd/yyyy]

I agree to keep patient information confidential by observing the following:

1. I will protect my password from use or theft by others.
2. I will sign off/log off the system when I leave the workstation and not allow others to use my access.
3. I will only look up information on patients for whom I have direct responsibility. I will not look up my own medical information on the computer.
4. I will share patient information only with people who have a right to access the information in order to perform their job function.
5. When sharing information with people who have a right to access the information in order to perform their job function, I will ensure that I am in a private setting where others cannot hear or see the confidential information.
6. I will follow all University, Medical Center, Hospital and department rules of conduct whenever I use e-mail.
7. I will password protect any personal digital assistant device that contains patient (or confidential) information.
8. I will not disseminate confidential patient information from non-UK HealthCare supported computer/device without appropriate authorization for release of information.
9. I will dispose of confidential information properly in accordance with all applicable policies.
10. I understand that audits will be performed on computer usage to ensure compliance with all computer related policies and this confidential agreement.
11. I will follow other specific confidentiality rules for special situations. When departments have standards more stringent than this statement, I will abide by their standards.
12. I will comply with the enterprise electronic signature policies and protect my electronic signature when issued to me from use or theft by others.
13. I understand that my employer has the right to take disciplinary action up to and including termination of my employment for breaches of confidentiality.

Signature

Date

This form is kept on file with UK Health Care Information System Security.
FAX: 859.257.7848