Holy Cross Hospital

STUDENT NURSE-ALREADY BUILT IN SYSTEM

Trinity Health

Hospital Information Systems
System Access Request Form

- The following information will be used to create your system access, including your sign-on and initial password.
- Upon sign-on, you will be prompted to select a secure password - it is your responsibility to remember the password and keep it confidential, as you will be accountable for all transactions executed under this electronic identifier.
- CURRENT ASSOCIATES: Please have your Supervisor upload this completed form to the Information Services Help Desk at http://servicedesk.che.org/CAisd/pdmweb.exe
  - Blank Sign-on Request and Competency Forms are stored in G:\ Forms\ Information Systems\ System Access Requests. Please verify date of form to ensure that form is current.

Important: PLEASE PRINT CLEARLY!!

PURPOSE OF SIGNON REQUEST

☐ New User
☐ Change Access (Current ID or User Name) _____
☑ Student
☐ Contract / Traveler / Vendor (Must be signed and submitted by a HCH Supervisor, Manager or Director)
Starting on what date? _____ Ending on what date? _____
Note: If Immediate Termination, contact HR directly.

CONTACT AND JOB INFORMATION

Last Name# _____ First# _____ M.I.: # _____

Associate ID # _____ Cost Center: _____

Position: STUDENT NURSE Job Code: _____

Department SCHOOL: _____ Phone Number: _____

Supervisor Name: FACULTY: _____ Director Name: W.MORRILL RN _____

APPLICATIONS

General

☐ **Network Access** ☐ **Outlook E-Mail** ☐ **Internet** ☐ **Printer Name** (If applicable) _____
☐ **Drive access**: _____ (ie: S Drive for nursing- only one drive per user) ☐ **Kronos for Associate**
☐ **Lawson** ☐ **E Path** ☐ **SWANK** ☐ **Distribution List**

Clinical Systems

☐ **FormFast WebFormImprint**: Choose ONE Access Group: _____
☐ Endoscopy ☐ Nursing ☐ Registration

☐ **IDX / Centricity** _____
NOTE: ADD'L IDX FORM MUST BE COMPLETED which is located on the G Drive

☐ **Allscripts** - Enterprise (Touchworks):
"Create User With Same Access" (MANDATORY): _____
☐ Clinical ☐ Non-Clinical ☐ Provider

Holy Cross Hospital

☑ **Meditech**: "Create User With Same Access"(**MANDATORY**) HCDENNIC1

☑ BMV / PCS Provider ☐ ED ☐ L&D ☐ Manager ☐ Unit Sec ☐ O R ☐ Other

Will Associate need to scan patient documentation into Meditech ☐ Yes ☐ No

Shared Services: B/AR: For which entity?

☐ MHM ☐ HCH ☐ ABS ☐ B/AR ☐ CWS ☐ PFS

☐ **OptiLink:** Contact Nursing Office at extension # 5745 for access

☐ **Parallon:** Contact Nursing Office at extension # 5745 for access

☐ **MedAssets (Accuro):** ☐ MHM ☐ HCH **[NOTE: ADD'L MEDASSETS FORM REQUIRED FOR ACCESS]**

☐ CarePricer ☐ Contract Mgmt ☐ Denials Mgmt ☐ Rapid Reserves

☐ **Midas:** ☐ Risk Management ☐ Case Manager ☐ Other

☐ **HealthQuest Archive:** For Which Entity? ☐ MHM ☐ HCH

"Create User With Same Access" (MANDATORY):_____

☐ **PACS:** ☐ HCH PACS ☐ Healthplex PACS. Contact Marcia Graham Williams @ 954-229-8643 for further directions.

Leadership Systems

☐ **Eway** ☐ **Compass** ☐ **Position Manager** ☐ **Visionware** ☐ **Allegiance**

☐ **Lawson – Core:** (Only for Associates in listed accounting units)

☐ AP (4090) ☐ GL (4090) ☐ HR (4150/4153) ☐ Payroll (4090) ☐ Supply Chain (4210)

☐ **Lawson Requisition Self Svc:** ☐ Requestor ☐ Approver Cost Centers: _____

☐ **Lawson Dashboard Reporting:** Cost Centers: _____

☐ **Image/WebNow:** ☐ Coder ☐ Approver ☐ Inquiry Only Cost Centers: _____

☐ **Kronos for Leadership** - Must attend Training Class – To Schedule class, call extension 3267

Other

☐ **RAS (Report Viewing): "Create User With Same Access"(MANDATORY):**_____

☐ **RASi (Scanning and View**): ☐ Add RASi icon to desktop

"**Create User With Same Access" (MANDATORY):**_____

☐ **3M:**

☐ Coding & Reimbursement ☐ HDM/CDIS ☐ CAC

"**Create User With Same Access" (MANDATORY):**_____

☐ **Teletime** (Must have Management approval)

☐ **Other:** Please List _____

Supervisors/ Manager/ Directors – By signing this form, you are certifying that all competencies and requirements for the applications requested above have been completed. In addition, it is the responsibility of the Supervisor/ Manager/ Director to ensure that all properly completed and signed original Sign on Request Forms and required competencies are filed within each respective Associate's departmental file.

I have read and agree with the above.

✓ _____	W.Morrill RN _____
Associate Signature / Date	Supervisor/ Manager/ Director Signature / Date
✓ _____	Wyndie Morrill RN _____
Associate – PRINT NAME CLEARLY	Supervisor/ Manager/ Director- PRINT NAME CLEARLY

- Vendors / Contractors must obtain HCH Supervisor / Manager / Director Signature for approval.
- Sign on request form must be uploaded to Help Desk by a HCH Supervisor/ Manager/ Director.

~~Please upload the completed, signed form to the Information Services Help Desk at:~~
http://servicedesk.che.org/CAisd/pdmweb.exe

****ALLOW 5 WORKING DAYS TO PROCESS****

~~If you do not have access to a scanner please fax to 954-351-4734~~

Do NOT Fax the competency forms

Please keep this original Sign-on Request Form in the Associate's Department record.

NONDISCLOSURE AGREEMENT

Consistent with their Core Values, it is the policy of Holy Cross Hospital, Inc., and its related entities ("HCH Entities") that all Associates, Medical Staff members, Auxilians, Volunteers, Student Interns and others, will maintain the confidential or privileged status of information that may come into their possession during the course of their employment or other relationship with HCH Entities. Confidentiality or privilege against disclosure is to be maintained to the fullest extent permitted or required by state and federal law or accreditation body standards.

This Agreement applies to, but is not limited to, patient or resident medical records and demographic information, third party payer information, as well as that of any and all of the HCH Entities' business or financial information, business documents, trade secrets, management action plans, strategic plans, its computer access codes or passwords and its electronic information systems software or data (collectively "Confidential Information").

This will confirm that I have read all of the related policies listed below, as may be applicable to me.

I agree that during the course of my employment or relationship with HCH Entities, and thereafter, that I will not:

A. Disclose any Confidential Information to any person or entity except in the course and scope of normal job description duties or responsibilities, and as permitted in departmental policies and procedures, or as otherwise permitted by law;
B. Make any unauthorized copies of any Confidential Information (electronic or otherwise);
C. Entice, induce or encourage any past, present or future Associates to violate the restrictions of this Agreement;
D. Use any Confidential Information for any personal purposes or for any unauthorized purpose;
E. As it relates to facsimile machines, photocopy machines, computers, computer systems and any other electronic information devices (collectively "Electronic Device"):
    a) I shall not disclose any passwords for gaining access to any Electronic Device, or allow any other person to use my password to gain access to any Electronic Device;
    b) I shall remove my password from the workstation when leaving work area;
    c) I shall not attempt to access a transaction or information not authorized to me or my department;
    d) I shall not use a workstation in an area where I am not authorized;
    e) I shall not falsify data (including unauthorized deletion or alteration of information);
    f) I shall not share information with unauthorized personnel (including workstation display or hard copy print out).

I understand that any violation of this Agreement or related polices shall be; grounds for termination "for cause" of my employment or other relationship, criminal prosecution, civil litigation or other disciplinary action pursuant to the HCH policies and procedures.

✓ Print your full name: _____

✓ Signature: _____ ✓ Date: _____

HCH Electronic Communications and Devices Acceptable Use Policy
HCH Confidential Nature of Hospital Business Policy HR-07-710
HCH Information Systems Policies and Procedures SEC 001
HCH Emergency Department Clinical Order Entry System Security Policy