Memorial
University Medical Center

Memorial Health Information Systems Access Request Form

Required Field

Name: (Last, First, MI)*:		Last 4 digits of SSN*:
Title*:	Department (if known)	
Previous Access*? Yes ☐ No ☐	If yes, User ID:	
Start Date*:	End Date (if known):	
Non-Memorial Health users please fill in all fields		
Practice/Company Name:	Practice/Company Address:	
Practice/Company Phone Number:	Practice/Company Fax Number:	
Practice/Company Manager/Point-of-contact:	New user's E-mail Address:	
Memorial Health sponsor:	Practice Manager/Point-of-contact signature:	
For Conifer user only		
Conifer Users: Memorial Campus ☐	Conifer US Office ☐	Conifer non-US Office ☐

All data within Memorial Health information systems, including personal computers, intelligent workstations, networks, servers and any storage media, are the sole property of Memorial Health and/or specifically designated partners and affiliates of Memorial Health. Data pertaining to the daily operation of the Memorial Health entities or to its patients, but resident on privately owned systems shall be considered to be data owned by Memorial Health and, as such, is subject to the policies set forth in this and other relevant documents. The Information Services Department is responsible for the implementation of data security. Audits will be performed at the department and organizational level to ensure data integrity.

Security Agreement: I have carefully read the Memorial Health Electronic Protected Information (e-PHI) Guidelines and acknowledge that my signature affixed to this security agreement constitutes acceptance of the terms listed therein and an agreement to abide by them. I further understand that any violation of the terms of this agreement may result in civil or criminal penalties.

Signature   Date

Permission to access MUMC's Electronic Protected Health Information (e-PHI) is given to users under the following conditions:

Guidelines

- Permission to access MEMORIAL HEALTH information systems and data is granted for the purpose of gathering information and updating records only. Upon termination of the business relationship, the user agrees to relinquish any access privileges to the computer systems on MEMORIAL HEALTH's network.
- Confidential e-PHI includes, but is not limited to, medical records, appointment scheduling, clinical data, billing information, demographics, and financial records.
- The user agrees that he/she will not disclose sensitive, confidential information or data, either specific or aggregate which is owned, controlled or protected by MEMORIAL HEALTH without the express permission of the owner, steward, or guardian of that information. Methods of disclosure may include, but are not limited to, data transfer or transmission, verbal or written disclosure, news releases, and documents left in full or partial view including unattended, connected computer workstations.
- MEMORIAL HEALTH will actively monitor system usage and will terminate accounts that reflect abuse.
- MEMORIAL HEALTH will periodically review system access accounts for appropriateness, need and inactivity and may terminate accounts that no longer meet the criteria for authorized use."
- Usernames and passwords are strictly confidential and may not be disclosed or shared by anyone.
- Failure to logoff the workstation, or Citrix user session when your work is complete allows unauthorized system access by others. This is a direct violation of the MEMORIAL HEALTH security policies.
- Upon receipt of e-PHI access, the undersigned acknowledges that the Username and Password are **NONTRANSFERABLE**. The user also agrees to abide by the policies and guideline of this document.
- Any student granted access while participating in an approved training program agrees maintain confidentiality of PHI, data or other sensitive information **during each segment of training for the duration of the training**

Submitting System Access Requests:

Email: Helpdesk@memorialhealth.com
Fax: 912-350-8954

Please note that your request may take up to two weeks to process. Incomplete or illegible information will be returned and delay our ability to complete your request.

Please retain a copy of this agreement for your own records.

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STUDENT NURSE ACCESS
_____ Initial access request
_____semester, _____ MH Rep, _____ Date
_____semester, _____ MH Rep, _____ Date
_____semester, _____ MH Rep, _____ Date
_____semester, _____ MH Rep, _____ Date
_____semester, _____ MH Rep, _____ Date
_____semester, _____ MH Rep, _____ Date
_____semester, _____ MH Rep, _____ Date

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Information, Administrative, and Financial Systems

New	Delete	System		New	Delete	System
		ConnectOne				ENUFF Budget Advisor
		RemoteOne				iViewer
		Memorial Health Email				TMS Work Order System
		Microsoft Office				Success Factors
		Microsoft Project				Talent Cloud
		Microsoft Visio				Pathways Compliance Advisor (PCA)
		Epic Unix				Pathways Contract Manager (PCM)
		SharePoint				Pathways Materials Management (PMM)
		VPN				McKesson Strategic Supply Sourcing (MSSS)
		Long Distance Code				STAR Financial
		Dragon Dictation				McKesson Patient Folders - PFS
		Microsoft OneDrive				TrendStar
		ADP HRMS Enterprise				3M 360
		Team Leader Self Service (TLSS)				SSI
		eTime				MedKinetics
		Concur Travel & Expense				Intellidesk/SPOK
		BlackBaud Raiser's Edge				

Clinical Systems

New	Delete	System		New	Delete	System
		Epic				Pyxis Pharmacy
		MPF				Pyxis Supply
		PACS				SpaceLabs
		CPACS				Impress
		OptiLink				Provation GIDU
		McKesson Lab				ViewPoint
		McKesson Patient Folders				Apollo
		BabySteps				