



CEDARS-SINAI HEALTH SYSTEM.

COMPUTING ACCOUNT AUTHORIZATION FORM

STATEMENT OF CONFIDENTIALITY: I understand that it is the Policy of (CSHS) to respect and maintain the confidentiality of all Confidential Health Information with respect to all patients of Cedars Sinai Health System. For purposes of this request, patient "Confidential Health Information" shall include without limitation, all Confidential Health Information regarding a patient's: (1) Medical treatment and condition; (2) Psychiatric and Mental Health; and (3) Substance abuse and Chemical dependency, which CSHS Personnel may receive pursuant to their relationship with CSHS, and shall include without limitation, the following patient identifiable information: (1) Name; (2) Address, including street address, city, county, zip code and equivalent geocodes; (3) Names of relatives; (4) Names of employers; (5) Date of birth; (6) Telephone numbers; (7) Facsimile number; (8) Electronic mail address; (9) Social security number; (10) Medical record number; (11) Health plan beneficiary number; (12) Account number; (13) Certificate/license number; (14) Any vehicle or other device serial number; (15) Web Universal Resource Number (WURL); (16) Internet Protocol (IP) address number; (17) Finger or Voice prints; and (18) Photographic images; and (19) Any other unique identifying number, characteristic, or code that may be available to CSHS Personnel which could be used, alone or in combination with other information, to identify an individual. I understand that in addition to patient Confidential Health Information, during the scope of my employment or other service relationship with CSHS, it may be necessary for me to receive, review, and work with certain other confidential and proprietary information of CSHS that may relate to CSHS's financial and other business information and/or records regarding CSHS's operations, business plans and employees. For purposes of this statement such information and patient Confidential Health Information defined above, are referred to herein collectively as "Confidential information."

ACCOUNT AGREEMENT:

I understand that no Confidential Information may be accessed, discussed, or released without having the proper authorization to do so. Any access, discussions or release of Confidential Information shall only be for purposes of patient care and/or CSHS business and shall be on a "need to know" basis (i.e., in order to carry out the duties necessary for my employment or other services provided to CSHS). Access shall also be limited to the "minimum necessary" information to achieve the purpose of the access. Access, disclosure or release includes, without limitation, the access of any electronic or paper-based Confidential Information. (More specifically stated in signed CSHS Confidentiality Statement) I further understand that I will be issued a unique Username and Password which I will keep confidential and will not reveal to anyone and that if I discover that the confidentiality of my Password has been compromised, I will change it immediately and promptly notify EIS Data Security. By indicating my signature below, I attest that I have reviewed and understand the foregoing statements and agree to be bound by the terms and conditions herein and the relevant CSHS policies and procedures regarding computer usage and confidentiality, and that any failure on my part to comply with the terms set forth herein and in such policies will subject me to disciplinary action which may include immediate termination of my employment and/or legal action as deemed appropriate.

Note: Bolded fields are mandatory. Fields must be complete or the request will be returned.

Last Name: _____ Please Print Clearly First _____ Please Print Clearly MI _____

Title: M.D. (CSHS MD#: _____) R.N. Certification/Degree _____ Other: _____

Social Security#: _____ - _____ - _____ Mother's Maiden Name* _____

Office/Location: **THALIANIS - 221W** Dept. Telephones: (310) **423-3544** Fax: (310) **423-5454** *An Alternate name can be listed for security purposes

Department/Division: _____

Designation: CSHS Employee (Supervisors Name) **SHIRIN TOWFIGH** Job Title: **MD**

CSHS Faculty Physician Specialty: _____

Resident/Fellow Expected Departure Date: _____ DEA#: _____

Medical Student Rotation Dates: Start: _____ End: _____

Private Practice Physician

Employee in a Private Physician Office Physician/Group Name: _____

Contractor/Consultant Expected Departure Date: _____ Company Name: _____

Contractor/Consultant Supervisor Name: _____ Ext: _____

Signature: _____ Date: _____

Managers Signature: _____ Date: _____

Send or FAX your completed application to:

C.S.H.S. Enterprise Information Services 6500 Wilshire Blvd
Los Angeles, CA 90048 FAX: 323-866-6399 ATTN: Data Security
If you have any questions, please call your Security Contact

Data Security Administration
Account Service Request

To be completed by the Security Contact Only:

I certify that I am the designated Security contact for the person applying for this account, and as such, I authorize its creation or modification for the uses stated.

Security Contact Signature: _____ Date: _____

Security Contact Last Name: DEIGHTON First: KAVARNE MI: _____

Department: MIS Location: THALIAN'S 2WEST

Telephone Number: 310-423-1274 Pager Number: _____ E-mail Address: deighton.kavarne@xhsa.com

TYPE OF SERVICES REQUESTED

- New Account Update User Account Information Terminate Account
- Transfer From Department: _____ To Department: _____
- Name Change From: _____ To: _____
- Phone Number _____ Beeper (if available): _____
- Current Web/VS or Exchange User Name (if any): _____

APPLICATIONS / SYSTEMS

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 3M | <input type="checkbox"/> Data Warehouse MDN | <input type="checkbox"/> Lifeline 2000 | <input type="checkbox"/> Quadris |
| <input type="checkbox"/> ADAC Pegasus | <input type="checkbox"/> e.Soft | <input type="checkbox"/> Misys | <input type="checkbox"/> RemitLink |
| <input type="checkbox"/> Alteer Office | <input type="checkbox"/> ECIN | <input type="checkbox"/> Mitra | <input type="checkbox"/> Revenue Charge Pro |
| <input type="checkbox"/> AMI Database | <input type="checkbox"/> EmStat | <input type="checkbox"/> Mediserve (MRM) | <input type="checkbox"/> Revenue Cycle Compass |
| <input type="checkbox"/> Antrim | <input type="checkbox"/> Exchange/NT | <input type="checkbox"/> Muse | <input type="checkbox"/> SafeTrace |
| <input type="checkbox"/> ATC Profile | <input type="checkbox"/> First Trimester | <input type="checkbox"/> NHSN | <input type="checkbox"/> Scimage |
| <input type="checkbox"/> AVSS | <input type="checkbox"/> GetWithTheGuidelines | <input type="checkbox"/> NICU Database | <input type="checkbox"/> SIS |
| <input type="checkbox"/> BAXA | <input type="checkbox"/> Global (Read Only) | <input type="checkbox"/> Nucar Nuclear Medicine | <input type="checkbox"/> Siemens Contract Mgmt |
| <input type="checkbox"/> Biologic | <input type="checkbox"/> Gain | <input type="checkbox"/> NucardIS | <input type="checkbox"/> SmartTalk |
| <input type="checkbox"/> CardioLink | <input type="checkbox"/> Genetic Risk Assessment | <input type="checkbox"/> Novell | <input type="checkbox"/> SDR Database |
| <input type="checkbox"/> Case Record Surgery | <input type="checkbox"/> Grass Telefactor | <input type="checkbox"/> OB Compass | <input type="checkbox"/> SMS Net |
| <input type="checkbox"/> CathLab TS 2000 | <input type="checkbox"/> GYN Database | <input type="checkbox"/> OLM Reports | <input type="checkbox"/> SoftMed |
| <input type="checkbox"/> CDR Documents | <input type="checkbox"/> Hartmeds | <input type="checkbox"/> OmniCell Pharmacy | <input type="checkbox"/> Stealth |
| <input type="checkbox"/> CGN Database | <input type="checkbox"/> HeartLabs | <input type="checkbox"/> OTTR | <input type="checkbox"/> Study Manager |
| <input type="checkbox"/> CHCF Database | <input type="checkbox"/> HI-IQ | <input type="checkbox"/> PACS | <input type="checkbox"/> Tamtron |
| <input type="checkbox"/> ClaimMaster | <input type="checkbox"/> IBD Database | <input type="checkbox"/> Padre | <input type="checkbox"/> Transfer Center |
| <input type="checkbox"/> CNext | <input type="checkbox"/> IBD_Peds Database | <input type="checkbox"/> Passport | <input type="checkbox"/> Trauma Registry |
| <input type="checkbox"/> Cobius | <input type="checkbox"/> ICU Autorads | <input type="checkbox"/> PCS | <input type="checkbox"/> UDS Pro |
| <input type="checkbox"/> Corporate Compliance | <input type="checkbox"/> IHS Database | <input type="checkbox"/> PDSI | <input type="checkbox"/> Vascular Lab Scheduling |
| <input type="checkbox"/> CPQCC | <input type="checkbox"/> Initiate | <input type="checkbox"/> Plato | <input type="checkbox"/> VST |
| <input type="checkbox"/> CSHS AIM | <input type="checkbox"/> Innova Labs | <input type="checkbox"/> PRCC Database | <input checked="" type="checkbox"/> Web/VS |
| <input type="checkbox"/> CVIC Database | <input type="checkbox"/> Kronos | <input type="checkbox"/> Prenatal Diagnosis | <input type="checkbox"/> Women's Res. Registry |
| <input type="checkbox"/> CVS Database | <input type="checkbox"/> Lawson Lid | <input type="checkbox"/> Proxy Server | <input type="checkbox"/> XAFP |
| <input type="checkbox"/> Cybon | <input type="checkbox"/> Lawson Web | <input type="checkbox"/> PYXIS | <input type="checkbox"/> YOG (Medquist) |
| <input type="checkbox"/> Data Warehouse CSMC | | | |

APPLICATIONS / SYSTEMS continued



Carevue

(Please select role)

MD RN LVN NCT PA RCP OT/PT CP

PharmD/RPh Dietician Case Manager Pharmacy Technician

Medical Student -Exp Date: _____ Other - Specify: _____

(Please specify CareVue units you need to access) Adult ICUs PICU NICU 6NE

Centricity (Logician-CSMC) (Select access level) Scheduler Admin RN MD HID Pharmacy Support

Centricity (Logician-MDN) (Access to MDN Centricity requires security addendum. Please submit along with the Computer Account Authorization Form)

CMS (Content Management System for Public Internet) Signature Required (Director or VP): _____

Document Imaging (Select access level) Viewing Capability Upload Administrator

EPIC _____

GME Software - Access to the GME Software requires the additional GME Software Request Form. The GME Software Request form must be submitted along with the Computer Account Authorization Form.

IBM - Logon ID _____ Change Master Screen Change Security Level
 TSO (Model) DPHR TPHR PPHR TPX Profile _____ Security Level _____
Master Screen _____ Alt 1 Screen _____ Alt 2 Screen _____

IDX - GCS Profile: _____ GCS profile for this request. Advanced IDX Web
 TESTGCS TEST86 TEST90 GCSTRAIN GCS VMS
Please place a mark in all of the above named GCS environments requested for this user.

MIDAS Basic Nurse Access [Nursing Departments] Other Access [Other Department Request Non-Caregiver]

MSONET (All practitioners - view only) MSO (AHP/Medical Staff) HSO (House Staff only)

PCX - Access to PCX requires Additional Responsibility Selection Forms. Please select the PCX Responsibilities Form and submit along with the Computer Account Authorization Form.

PeopleSoft - Access to PeopleSoft requires the additional PeopleSoft Security Request Form. The PeopleSoft Security Request form must be submitted along with the Computer Account Authorization Form.

UNIX Server Name _____
Access Level _____

Webridge - Access to Webridge requires the additional Webridge Request Form. The Webridge Security Request form must be submitted along with the Computer Account Authorization Form.

Secure Remote Access (SecurID)

Completing this section requires a TFF Form #3702-75 with the requesting departments cost center number.
Please submit TFF Form with Account Authorization Form at the same time

Administrator Director/VP Signature: _____ Date: _____

Administrator Director/VP Last Name: _____ First: _____ MI: _____

USER NAME(S):

Data Security Computing Account Authorization Form 05/20/05; 05/24/05; 07/21/05; 11/08/05; 01/17/06; 08/04/06;
10/31/06 02/02/07 04/12/07 09/13/07 12/21/07 03/19/08

Privacy statement: All personal information on this request will be treated in strict confidence and will be available only to that CSHS staffs that need the information to conduct CSHS business. They will not be shared with any other parties within and outside of CSHS unless required by CSHS business.