

Milford Hospital Provider Office Manager Confidentiality of Information Statement And Remote Access Account Request Form

| | |
|--|--|
| Office Manager Name PLEASE PRINT | Physician Name PLEASE PRINT |
| Office Manager Signature | Physician Signature |
| Date | Is the physician a surgeon? YES NO (Circle one) |
| Office Location | |
| Office Phone Number | |
| E-mail Address | |
| WRITE THE MODEL AFTER BELOW. MODEL AFTER: _____ PR.OMM - REGULAR OFFICE MANAGER PR.OMS - SURGICAL ASSOCIATES - ACCESS TO ALL PR.OMSS-SURGICAL ASSOC -EMR & Print Face Sheets Only Access PR.OMM.D - DIM - FROM CAROLE ROSSI As a Physician Office Manager, I understand that the password given to me represents my signature that I am the only one who may use this password, and that I may not delegate the use of this password to <u>any</u> individual, including any office staff. | I understand that my Meditech password is uniquely my own, to be used by myself. It is not to be disclosed to any other employee of my office or any outside person. I understand the information that I have access to on all computer systems is to be kept strictly confidential and not to be shared with anyone, except for legitimate job related duties. I understand that Milford Hospital and its employees are obligated to guard against illegal and unethical access, disclosure, or use of confidential patient information. Unauthorized access or use of confidential patient information potentially violates the patient's legal and ethical right to privacy, and as such are considered a breach of security. I understand that unauthorized access or use of confidential patient information will result in disciplinary action, including oral or written warnings, reporting of violation to the person violated, appropriate state and federal authorities, or the Attorney General. I understand that if I violate this Confidentiality of Information statement, I will be subject to disciplinary action which may include legal prosecution by Milford Hospital on the first or any subsequent violation |
| Remote Access Policies and Procedures: I understand that all Milford Hospital's privacy and security policies and procedures apply to my remote use of Milford Hospital systems from my office. Access to Hospital data is restricted to those with a Hospital business need to know, and to those whose access has been authorized in writing. Unauthorized access to Confidential information is a violation of Hospital policy. I understand that any computer I use to connect to Milford Hospital network must conform to documented standards including (but not limited to) antivirus, firewall, and spyware protection. I certify that any computer I use will be placed in a private area, where confidential information cannot be viewed by unauthorized individuals. | I confirm that any computer which I will use to access the Milford Hospital will meet these minimum standards: Windows XP or Windows 2000 Microsoft Internet Explorer 6 High speed internet access (DSL or Cable Modem) Hewlett Packard or Lexmark supported laser printers Please indicate which version of Windows your are using: ___ Windows XP Home Edition ___ Windows XP Professional Edition ___ Windows 2000 ___ Windows Vista ___ Windows 7 |