Electronic Medical Record (EMR) Access Request
Student/Instructor - Temporary Access
Baptist Help Desk: 904.202.7565 or HelpDesk@bmcjax.com

BAPTIST HEALTH

Complete a separate request for each user and fax both pages to: **904.391.5010**

USER INFORMATION	
Last Name (Printed):	First Name (Printed):
DOB:	Last 4 of SSN:
Check One : _____Nursing Student _____ Pharmacy Student _____Nursing Instructor _____ MA Student	Current Credentials (examples: RN, BSN, ARNP….):
Email :	Cell Phone (enables self-password reset):
Current Baptist Health Employee: ☐ Yes ☐ No	If Yes, list user name:	If yes, list position:

PLEASE NOTE: If you are a current Baptist Health employee, you will use your current user ID. However, the help desk (904.202.7565) will need to be contacted before and after your student rotation each day to switch your position in the EMR.

Academic Institution		
School Name:		
Authorizing Instructor Phone Number:	Authorizing Instructor e-mail:	
Authorizing Instructor (Printed name):	Authorizing Instructor (signature):	DATE :
Baptist Health Authorization (Printed name):	Baptist Health Authorization (signature):	DATE :

ACCESS REQUESTED		
Internal Access to Electronic Medical Record Check Location: ☐ BMC-D ☐ BMC-Clay ☐ BMC-Beaches ☐ AgeWell Institute ☐ BMC-Nassau ☐ WCH ☐ BMC-South	Access Start Date:	Access End Date:
☐ AcuDose INSTRUCTOR ONLY ☐ AcuDose ADVANCED PRACTICE STUDENT ONLY (Student option for BH employees who are in an advanced practice degree program and the area for the clinical experience has approved access)	Access Start Date:	Access End Date:

Instructions & Additional Information:
- Requests will not be considered unless all fields are completed and all required signatures are obtained.
- Users will only be granted such access as Baptist determines to be reasonable.
- Date of Birth and Last Four of Social are required to allow password resets.
- Baptist user accounts are created in an average of five (5) business days, however, this is not guaranteed.
- Only Authorizing Instructors will be contacted to confirm creation of User accounts.

BAPTIST HEALTH AUTHORIZING FACULTY USE ONLY		
Documents verified:		
EMR Access Approval By:	Authorizing BH Department:	Approval Date:

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User's Full Name (Printed):	Authorizing Instructor's Name (Printed):

USER CONFIDENTIALITY AGREEMENT

I. <u>Patient Confidentiality</u>: If granted access to Baptist's Electronic Medical Record (EMR), I understand that I will have access to patient information (PHI) that is protected by State and federal confidentiality laws, including, but not limited to HIPAA. Accordingly, I acknowledge and agree as follows:

1. I will comply with federal and State confidentiality laws as they relate to my access to PHI in Baptist's EMR and I will treat all PHI in Baptist's EMR as confidential;
2. I will not disclose PHI from Baptist's EMR to any individual or entity, except as specifically authorized by Baptist and the applicable patient, and then only to the extent necessary to perform my duties at my authorizing physician's office;
3. I will not use any PHI from Baptist's EMR in an inappropriate, unethical, detrimental, illegal or unauthorized manner;
4. I will only access Baptist's EMR for information concerning patients with whom my authorizing physician's office has a clinical relationship, and then only to the extent necessary to perform my duties at such office; and
5. I acknowledge that PHI in Baptist's EMR may only reflect a portion of a patient's medical record and may not contain all of the information from such patient's medical record.

II. <u>Network Security</u>: If granted access to Baptist's EMR, I understand that I will be responsible for assisting Baptist in maintaining the security of Baptist's EMR to the extent within my control. Accordingly, I acknowledge and agree as follows:

1. My sign-on code, User ID and password (collectively, my "Access Code") is equivalent to my handwritten LEGAL SIGNATURE, and I will not disclose my Access Code to anyone else or allow anyone else to use my Access Code;
2. I accept responsibility for all accesses, retrievals and entries made under my Access Code, whether by me or by anyone else as a result of my failure to maintain the confidentiality of my Access Code, failure to log-out after I'm done accessing Baptist's EMR or any other intentional, reckless or negligent acts or omissions on my part;
3. If I have reason to believe that the confidentiality of my Access Code has been compromised, I will immediately notify Baptist's Help Desk at 202.7565 and I will immediately change my password;
4. I will not leave a computer on which I am accessing the Baptist EMR unattended, while still signed on;
5. I acknowledge that when my Access Code is used to gain access to Baptist's EMR, my User ID, the date and time of such access and the records accessed will all be recorded, and that Baptist will monitor and audit such access to ensure compliance with this document, Baptist's EMR access policies and applicable State and federal confidentiality laws;
6. I will not attempt to learn or use another individual's sign-on code, User ID or password to Baptist's EMR;
7. I will only access Baptist's EMR if, and to the extent, authorized by Baptist and my authorizing physician, and I will cease all use of Baptist's EMR when so directed by Baptist or my authorizing physician; and
8. I acknowledge that access to Baptist's EMR, if granted, is a courtesy to me and I understand and acknowledge that such access privileges may be terminated by Baptist at any time for any reason.

I understand that violation of any of the above terms may lead to disciplinary action from my employer, loss of access privileges to Baptist's EMR, criminal prosecution and/or personal liability. I will indemnify, defend and hold BH harmless from any third party claims arising from my failure to comply with the terms of this document, Baptist's EMR access policies and applicable State and federal confidentiality laws. I have read, understand and agree to the foregoing as a condition of (and in consideration for) my being granted access to Baptist's EMR.

_____   _____

User's Signature   **Date**

FOR BAPTIST NETWORK SECURITY USE ONLY	
User ID:	Ticket Number:
Completed By:	Completion Date:

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