



SYSTEMS ACCESS REQUEST FORM

CONFIDENTIALITY AGREEMENT AND ACKNOWLEDGEMENT STATEMENT:

It is the policy of the North Shore-LIJ Health System/Lenox Hill Hospital to:

1. Ensure the confidentiality of patient information.
2. Protect computerized patient information from misuse while safeguarding privacy and confidentiality.

I, the undersigned, acknowledge that:

- Access to the hospital information system is for the purpose of rendering care to patients and at no time shall be used for other purposes.
- I will not disclose my password to anyone.
- After I have signed into the hospital information system, I will not allow anyone else access to patient information except on a need to know basis.
- I will not attempt to learn another user's password nor will I use anyone else's password.
- I am solely and fully responsible for any information entered into the system under my password. If I suspect that my password is known, I will notify the Information Systems Department immediately and a new password will be assigned.
- Any disclosures of, unauthorized use of, and/or unauthorized access to confidential information will cause irreparable harm to the Hospital and may cause my immediate termination from employment.
- If I have knowledge of unauthorized use of patient information, I am obligated to report this to the Information Systems Department or the Compliance Officer.
- An electronic signature may be used by a person in lieu of a signature, affixed by hand. The use of an electronic signature shall have the same legal validity and effect as the use of a signature affixed by hand.

	/ /
Signature	Date

=====

Please print clearly and legibly. All bold fields are required.

First Name	Middle Initial	Last Name

Business Phone Number <i>(Published on Healthport/PACS)</i>	Personal Cell Number <i>(Will not be published)</i>	Pager/PCN

LHH Title or Doctor Specialty or RN Unit/Specialty <i>(RN Specialties: (Cath Lab, Dialysis, PACU, Amb Surg, Wound Care, Med/Surg, Other)</i>	Professional Designation

Last 4 of SSN	Personal E-Mail Address

Lenox Hill Hospital – 100 East 77 Street, New York, NY

Business Address: Street Address, Suite #, City, State, Zip Code | **LHH employees:** Work Street Address