



Security Access Form

Please complete all the following information. Access will be denied until all blanks are complete.

Fax Completed forms to 478.633.6645

Office Information: (please print clearly)

Physician Practice Name: _____ Tax ID: _____

Address: _____

Physician's Name: _____

Office Manager Name: _____

Office Manager's Email Address: _____

Employee Name: _____ Last 4 SSN: _____
Last First MI

Job Title: _____ Work Phone: _____ Fax Number: _____

Employee Email Address: _____

Today's Date: ____/____/____

Add

Delete (Only requires Page 1)

Physician or Authorized Office Manager's Signature: _____

Printed Name of Physician or Authorized Office Manager: _____

All staff will get the following: Network/NRA/Soarian/Powerchart

NOTES:

For Office Use Only	
Recv'd _____	By _____
FP# _____	Date _____
Sent _____	By _____

Navicent Health

CONFIDENTIALITY AND SECURITY ACCESS AGREEMENT

Navicent Health (NH) has a legal and ethical responsibility to safeguard and to protect all confidential information. Confidential information includes patient information, employee information, business information, financial information, and other information relating to NH. In the course of my employment and/or association with NH, I understand that I will come into contact with confidential information. Confidential information may be spoken, written, or electronic. The Purpose of this agreement is to clarify my duties regarding confidential information.

By signing this document, I understand and agree to comply with NH Policies and Procedures on Confidentiality and Security Access and the GA Computer Systems Protection Act, copies of which I have received for my records. In addition:

1. I agree not to disclose confidential information to others who do not have a need-to-know. Need-to-know is defined as that which is necessary for one to adequately perform one's specific job responsibilities as they relate to NH.
2. I agree not to access or attempt to access any information, or utilize equipment, other than that which is required to do my job.
3. I agree not to discuss confidential information where others can overhear the conversation, e.g., in the hallways, on elevators, in the cafeterias, at restaurants, and at social events. I understand that it is not acceptable to discuss any confidential information inside or outside the organization, while on or off duty, even if specific names are not used, other than as permitted in this agreement.
4. I agree not to access any confidential information for any person who does not have a need-to-know.
5. I understand that my user name and password are the equivalent of my signature and that I am accountable for all entries and actions recorded during their use.
6. I agree that I will not disclose my user name and password to any person for any reason.
7. I agree not to access any confidential information using someone else's user name and password.
8. I agree not to send or take any confidential information outside NH in any form (including PDA's) without authorization.
9. I agree not to make any additions, modifications, or deletions to any confidential information without authorization.
10. I agree to respect the limitations and usage of the information system network and not to interfere unreasonably with the activity usage of other authorized users.
11. I understand that my access to all computer systems may be monitored and audited without notice to me.
12. I agree to log out of any computer session opened under my user name and password prior to leaving any computer or terminal unattended.
13. I understand that if authorized to use internet and/or email, I will use it only for authorized job responsibilities. Any misuse or abuse (e.g., pornographic material, chain letters, etc.) of these privileges could be grounds for disciplinary action.
14. I understand that I must participate in periodic training, as determined by NH.
15. I agree to respect the ownership of proprietary software (e.g., I will not operate and unauthorized software on NH computers or make unauthorized copies of any software for my own use).
16. I understand that confidential papers should be picked up as soon as possible from copiers, mail boxes, fax machines, printers, and other publicly accessible locations. Confidential papers, reports, and computer printouts should be kept in a secure place. When they are no longer needed, confidential papers should be deposited in the document destruction bins to be destroyed.
17. I understand that my obligation under this agreement will continue after my termination of employment and/or association with NH and that my privileges are subject to periodic review, revision, renewal, and termination.
18. I agree to notify Navicent Health Corporate Compliance immediately of any unauthorized access or use of confidential information or of violation by anyone of the rules above. **The Corporate Compliance confidential toll free number is 888-380-9008.**

I understand that violation of this agreement may result in the following:

- a. Denial of access to NH computer systems;
- b. Disciplinary Action as stated in the NH Policies and Procedures and the Employee Handbook up to and including termination;
- c. Penalties under State and Federal laws and regulations;
- d. Denial of privileges to practice professionally at NH facilities and/or denial of entry into those facilities;
- e. Notifications to State and/or national professional licensing departments or organizations;
- f. Notification to my school or employer;
- g. Any combination of the above.

Signature

Printed name (BLOCK CAPITAL LETTERS ONLY)

_____/_____/_____
Date (mm/dd/yy) Last 4 SSN

Work Street Address

City, State, Zip Work Telephone