



INFORMATION SERVICES
PHYSICIANS PROFILE FORM

A Physician account will not be created without a signed Medical Staff Confidentiality and Security Statement and this Physicians Profile Form.

Please complete, sign, and return this form to the CPGH Information Services Department accompanied by the signed Medical Staff Confidentiality and Security Statement. Thank you.

PHYSICIAN NAME: (LAST NAME) (FIRST NAME)

AGENCY: START DATE: END DATE:

ADDRESS:

CONNECTION METHOD: Netilla

PHYSICIAN SIGNATURE

PHYSICIAN PRINTED NAME

DATE

CPGH PRIVACY OFFICER SIGNATURE

DATE

IS USE ONLY

USER'S SIGN-ON: IS WORK ORDER SYSTEM TASK #:

- MEDITECH MAGIC, MEDITECH CLIENT SERVER, NETILLA, DEMOGRAPHICS, E-Sign Setup, Netilla Access, REPORTS, Netilla Prov, LAB RESULTS, Netilla Desktop, ALL DEMOGRAPHIC/CLINICAL DATA

INITIAL

DATE

INITIAL

DATE

INITIAL

DATE

Network

Administrator: Verified New Account Verified Changed Account

INITIAL

DATE

Bottom portion of this form will be completed, cut off, and forwarded to the New User.

Top portion will be maintained in IS with the signed Medical Staff Confidentiality and Security Statement attached to it. ISD#006 SP/DUO Rev. 09/06/05



250 Hospital Place, Soldotna, AK 99669
(907) 714-4404 * www.cpgh.org

Network

https://remote.cpgh.org

User Name

password

Meditech Client Server

User Name

password

Meditech Magic

User Name

password

Due to the legal ramifications surrounding Information Systems access, Physicians / Agents are expected to protect their password by not sharing it with others. If any Physician / Agent accesses the system using another password, or if any Physician / Agent feels his / her password has been compromised, he / she should immediately change their password and report it to the Information Services Help Desk at 714-4700. It should be understood that Email cannot guarantee privacy, therefore absolutely no patient-specific information will be sent via the Email system.