



Information Systems User Setup Request

Please complete the entire Information Systems User Setup Request form and sign and date the attached Confidentiality Agreement. The Responsible User must be a PeaceHealth employee who has accountability and is the contact person for the User. The Responsible User will be notified with the User account information.

PeaceHealth requires all of the following information to obtain access to its information systems. Incomplete forms will be returned and will delay access.

To be completed by new user:

User Setup Requested for:

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Legal First Name	MI	Last Name
<input type="text"/>		DOB: <input type="text"/> / <input type="text"/> / <input type="text"/>
Preferred First Name		MM / DD / YYYY
<input type="text"/>		Sex: <input type="radio"/> Male <input type="radio"/> Female
Position/Job Title		<input type="text"/>
(<input type="text"/>) <input type="text"/>		Employer/Agency Name (i.e., not PeaceHealth)
User's Work Phone Number		<input type="text"/>
<input type="text"/>		Employer/Agency Address
User's Email Address		<input type="text"/> , <input type="text"/> <input type="text"/>
		Employer/Agency City State ZIP Code
PeaceHealth Affiliation: <input type="checkbox"/> Contractor/Vendor	<input type="checkbox"/> Volunteer	
(Check all that apply.) <input type="checkbox"/> Intern/Student	<input type="checkbox"/> Other: <input type="text"/>	

To be completed by PH Representative:

New User's Assigned PeaceHealth Location:	Responsible User & Setup Like:
<input type="text"/>	<input type="text"/>
Name of Department (e.g., Family Practice)	Name of Responsible User (PeaceHealth Supervisor or above)
<input type="text"/>	(<input type="text"/>) <input type="text"/>
Department Address	Responsible User's Work Phone Number
<input type="text"/>	<input type="text"/>
PeaceHealth Facility (e.g., SWMC)	New User Setup Like (Avoid requesting super user or admin.)

Access is Requested for the Following Applications:

<input type="checkbox"/> Epic (CareConnect)	<input type="checkbox"/> Internet	Date Access Needed:
<input type="checkbox"/> Centricity Enterprise (CE)	<input type="checkbox"/> PeaceHealth Email Account	
Other: <input type="text"/>		From: <input type="text"/> / <input type="text"/> / <input type="text"/>
		MM / DD / YYYY
		To: <input type="text"/> / <input type="text"/> / <input type="text"/>
		MM / DD / YYYY

Access Location: Home Office

I certify that the above is accurate and complete.

**Please complete the information below by hand.
Must be an original signature. DO NOT COPY & PASTE.**

<input type="text"/>	<input type="text"/>	<input type="text"/>
User's Signature	User's Full Social Security Number	Date
<input type="text"/>		<input type="text"/>
PeaceHealth Responsible User/Manager Signature		Date

Confidentiality Agreement

During the course of my work/services with PeaceHealth, its affiliated entities, or entities that have been granted access to PeaceHealth confidential information (collectively referred to as "PeaceHealth"), I may develop, use, maintain, or have incidental contact with or access to patient information, employee information, and/or business information that is confidential.

I understand and agree that:

- Information related to patients, caregivers (employees), providers, financial data, and/or any other information pertaining to PeaceHealth business or proprietary information in any form including paper records, oral communication, email, audio or video recordings, and electronic displays ("Confidential PeaceHealth Information") is the property of PeaceHealth and is to be considered strictly confidential unless specified otherwise.
- The obligations set forth in this agreement as well as applicable policies continue beyond the end of my relationship with PeaceHealth.
- This agreement is valid for all individuals with access to PeaceHealth information.
- When my relationship with PeaceHealth is terminated, I will not retain or transfer any PeaceHealth information in any form unless provided permission to do so by PeaceHealth's Vice President for Organizational Integrity.
- Subject to PeaceHealth's Policy for Reporting and Investigating Concerns or Suspected Violations ([Document #101.38.36](#)), violation of this Agreement, PeaceHealth policies, policy compliance rules, and procedures regarding the confidentiality, privacy, and security of Confidential PeaceHealth Information may constitute grounds for corrective action, up to and including:
 - Loss of medical staff privileges,
 - Termination of access to PeaceHealth information systems,
 - Termination of the contract or other terms of affiliation, and
 - Civil and/or criminal liabilities and penalties.
- I will access only the Confidential PeaceHealth Information needed to perform my work-related responsibilities.
- I may NOT access personal health information related to myself.
- I may NOT access personal health information related to my family members.
- I am NOT authorized to access or review the personal health information of my family members except for legitimate work-related purposes.
- I will electronically review only the type of information permitted through my established user account. I will not make use of another person's user account to gain greater access.

