



EPIC COMPUTER ACCESS SECURITY AGREEMENT FOR STUDENT

Date Access to Begin (First date of Clinical): \_\_\_/\_\_\_/\_\_\_ Date Access to End (Final date of Clinical): \_\_\_/\_\_\_/\_\_\_

Name of BH Department or BH Clinic: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ MI: \_\_\_\_\_

School Name: \_\_\_\_\_ Program Name: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Student Type: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Job Duties/Reason for Access/read-only or data entry: \_\_\_\_\_

Bozeman Health Physician or Sponsor Name: \_\_\_\_\_

Are you currently a Bozeman Health employee?: Yes No

Do you currently have a Bozeman Health Sanford/EPIC username & password?: Yes No

Have you been a student here before? Yes No If Yes, exact Date(s): \_\_\_\_\_

NextGen program set-up & training: Yes No

Computerized information systems are an important asset of Bozeman Health. The privacy of our patients depends on the protections of this information against theft, destruction, or disclosure to outside interests. Therefore, I agree to the following provisions:

- Not to operate computer equipment or demonstrate the operation of computer equipment without specific authorization.
To maintain assigned passwords which allow access to computer systems and equipment in complete confidence and not disclose a password to anyone, at any time, for any reason.
To only access computer systems, equipment, and functions as required for the performance of my responsibilities.
To contact information systems personnel immediately and request a new password(s) if mine has been accidentally revealed.
Not to disclose any portion of a patient's record except to a recipient or medical practice designated by the patient or to a recipient authorized by BH who has a need-to-know in order to provide for the continuing care of the patient.
To refrain from making any changes of any type to the personal computer(s) supplied by the hospital in cases where a PC is supplied.
To report any activity contrary to this agreement to BH Information Systems personnel.
I understand if my PC is connected to the BH network that confidential information on my PC may be susceptible to exposure unless precautions are taken on the part of my office to set up a firewall.
I understand that failure to comply with the above policies may result in formal disciplinary action, up to and possibly including termination or cancellation of agreements.

EPIC Access User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EPIC Access User Printed Name: \_\_\_\_\_

BH Student Educ. Coord. Signature: \_\_\_\_\_ BH Student Educ. Coord. Name: \_\_\_\_\_

Return this completed form via email to the Bozeman Health WWAMI Coordinator, Kayla Schmid at kschmid@bozemanhealth.org and call for any questions at 406-239-3727