



HEALTHCARE INFORMATION SYSTEMS ACCESS AGREEMENT

Name: _____
(Please Print: Last Name, First Name, Middle Initial)

Currently Employed by FHN? YES NO

Have you been a prior student on rotation with FHN? YES NO

Please check the most appropriate option below:

- _____ Staff employed by Network
- _____ Physician employed by Network
- _____ Agency or other staff contracted for services with Network
- _____ Other -- Please provide reason for access or association with Network:

Network Facility, Department and Physician, as applicable, where you will be working:

Facility: _____

Department: _____ And/or Physician: _____

Phone # / Extension: _____ Job Title: _____

Director: _____

The system password(s) provided to you to access the Healthcare Information Systems (HIS) shall be kept strictly confidential. If you feel that knowledge of your password and security code has been gained by someone else, contact a member of the hospital's Information Services department immediately so that your password can be changed.

The individual password is assigned to you on a confidential and highly restrictive basis. Because the system is based on the principle of maintaining patient privacy and confidentiality, any willful action of distributing your personal password, or attempting to gain access to another person's password, or accessing unauthorized system functions may result in loss of system access and/or further action as outlined in corrective counseling policies (employees) or as determined by the organization's administration (non-employees).

The use of information obtained from the system by you shall remain confidential and only used for purposes related to your respective job (e.g., patient information shall only be used for assessment and/or treatment of the patient). System information shall not be released to any other individual or organization without the Network's consent, or for patient specific information the patient's and the Network's consent, or as provided for through an approved policy. If it has been determined that you have willfully released information without authorization, appropriate action shall be initiated as outlined in corrective counseling policies (employees) or as determined by the organization's administration (non-employees).

FHN's information systems shall be used for business purposes.

FHN makes remote access available to both Outlook (e-mail system) and GPS (training and talent management system) along with other published information systems under the provisions of this policy.

In no event should this access be used by hourly, non-exempt staff to perform work on time that is not his/her scheduled work time without the prior approval by the involved staff member's director.

Outlook (e-mail system) access is provided for convenience purposes only. There is no expectation that non-exempt hourly staff check their email outside of their regular work hours.

Additionally, while GPS (training and talent management system) access is provided to all staff members via remote access, non-exempt staff members who are unable to complete coursework or other GPS related tasks during their regular scheduled work hours must have prior director approval to be paid for hours needed to complete such work via remote access. A summary of coursework or other work completed and time spent on each task must be provided to the director before hours will be compensated. Directors reserve the right to confirm hours worked via GPS audits.

Likewise, use of additional information systems that one has access to via FHN remote access methodology is deemed as convenient and with no expectation of compensation without prior approval by the involved staff member's director.

The following uses of any FHN systems are prohibited:

- Generation or dissemination of chain letters.
- Transmission of unlawful, harassing, or threatening messages.
- Generation, transmission or storage of potentially offensive information. This includes, but is not limited to profanity, "off-color-jokes, material derogatory to any ethnic, generation-based or other groups of people, or sexually explicit material".
- Access or download materials from or posting messages to sites of "poor taste".
- Sending sensitive or confidential patient or organization information or materials via the Internet / e-mail without using the I.S. department's current methodology to secure the information.
- Any use that results in personal profit.
- Excessive use of e-mail or downloading of files for non-business use.
- Widespread dissemination (broadcast mailings) unrelated to business.

Administration reserves the right to audit individual user's use of the Network's Healthcare Information Systems, including but not limited to MOX files, e-mail, use of PCI, internet, etc.

I shall abide by the terms stated above under which my password and security code will be issued.

Signature

Date

**PLEASE FORWARD THIS DOCUMENT TO THE ITS DEPARTMENT WHEN COMPLETED.
THANK YOU.**

FOR INFORMATION SERVICES USE ONLY

Password provided to the employee or employee's supervisor on: _____

By: _____ (I.S. staff)