



Access Request Form

Instructions:

1. Please indicate which system(s) access is being requested for.
2. Authorizing Management Staff must complete this form to request access for their employee.
3. Email completed form to helpdesk@carsontahoe.org

Part 1: ACCESS APPLICANT INFORMATION

[Click here to enter text.](#)

Employee Name

[Click here to enter text.](#)

Date

[Click here to enter text.](#)

Employee Title

[Click here to enter text.](#)

Primary phone number

[Click here to enter text.](#)

Email address

Part 2: ACCESS REQUESTED

Application

* Reason for Epic Access:

Change Healthcare PACS (formally DX)

Epic*

Part 3: Management Staff Authorization

I understand as the Authorized Representative acting on behalf of the Entity noted above, I am obligated to promptly report the separation of the afore documented Applicant to the CTHS Helpdesk at (775) 445-8929. Failure to do so may subsequently inhibit access to CTH systems by this entity.

- **Access Applicant and Authorizing Management Staff or Physician cannot be the same person.**
- **Access is granted for no more than a one year term. Authorizing Management Staff is responsible for knowing their Applicant's renewal date and submitting a new ticket annually.**
- **Management Staff is responsible for promptly reporting separations of any Applicants. Separations need to be emailed to helpdesk@carsontahoe.org**
- **The user ID/password assigned for access to any Carson Tahoe Health Computer Systems is unique to the Access Applicant and is for their use only. The Access Applicant will not post, share or otherwise distribute the password. Any violations of this will have the accounts locked and reported to compliance for further investigation.**
- **This form will be processed once it has been emailed to helpdesk@carsontahoe.org. Allow a one week turnaround time.**

Please note that both the Authorizing Person and the Access Applicant will receive a secure email with the new user's credentials once the account has been created.



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NON-EMPLOYEE/ SERVICE PROVIDERS

STATEMENT OF CONFIDENTIALITY

I understand that the information that I will access through all Carson Tahoe Health System computer systems and manually generated records include sensitive and confidential patient information. I understand that it is my responsibility to maintain confidentiality of all information, both clinical and financial, entrusted to me.

I specifically understand that information regarding patients, employees and individuals affiliated with Carson Tahoe Health System is to be disseminated to only those individuals who have a need to know.

I agree to access information only on patients for whom I need to fulfill my project/service related responsibilities.

I understand the user ID/password assigned for access to any Carson Tahoe Health System Computer Systems is unique to me/service provider and for my use only. This code identifies me in the computer system. I am accountable for system access and entries performed with the security code.

I agree not to release the password assigned to anyone else. Service providers agree to release the password only to those employees on a need-to-know basis for the sole purpose of the project/service provided. I will not post, share or otherwise distribute the password. I will contact the Information Technology Department of Carson Tahoe Health System immediately if I have reason to believe the confidentiality of the password has been broken. I will be required to create a new password.

Having been allowed remote access to Carson Tahoe Health System Computer System, I will be held responsible for any violations of the above statements by any of my employees who have been given access to the computer systems.

I understand that any violation in patient privacy pursuant to the Health Insurance Portability and Accountability Act

(HIPAA) are subject to breach notification rules which include, notification to the patient and Health and Human Services, Office of Civil Rights. I understand that HIPAA violations may also have criminal and civil penalties.

By entering the information below, I acknowledge that I have read the above and accept the responsibilities associated with these statements. I understand that violation of any of the above agreed upon statements may result in immediate termination of my privileges to access the Information System.

[Click here to enter text.](#)

Management Staff Name

[Click here to enter text.](#)

Company

[Click here to enter text.](#)

Address

[Click here to enter text.](#)

Email

[Click here to enter text.](#)

Management Staff Signature

[Click here to enter text.](#)

Date
