

# SYSTEM ACCESS REQUEST FORM FOR NON-AFFILIATED ENTITIES

LEASE FILL IN ALL REQUESTED INF EGIBLY OR REQUEST WILL NOT BE P Ser's Last Name Same of College/University: Office Telephone:	FIRST PARTIES OF THE PROPERTY	te & time submitted  Name:	Middle Name:	
lser's Last Name lame of College/University:	First	Name:	Middle Name:	
lame of College/University:				
	Name of College/University:			
Office Telephone:		Cellular Telephone		
Email Address:		Instructor Name (if Instructor, write Instructor)		
		Specialty (if clinical):		
PVHMC Sponsor:  Specialty (if clinical):  PVHMC Sponsor's Signature:				
REQUIRED SECURITY QUESTIONS (For future verification)  What street did you grow up on?  What is your date of birth?				
Coro Providor				
Contractor	iration Date:	☐ Other Request:		
J Vendor  Other		REG		
"Confidential Information" includes information relating to:  A. Any individuals' Protected Health Information (PHI), which is information that identifies an individual (name, social security number, account number, medical record number, etc.) and is created or received by a healthcare provider, health plan, or healthcare clearing house, is transmitted or maintained in any medium (i.e. electronic medical record, paper, oral), and relates to the past, present or future physical or mental health condition, or payment for the provision of care (including medical records, conversations, admitting information, and patient financial information);  B. Pomona Valley Hospital Medical Center Associates, Clinical staff, affiliated Physicians and non-affiliated Physicians (including medical records, compensation, benefits, employment records, and disciplinary actions);  C. Pomona Valley Hospital Medical Centers' specific information (including financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs and technology, client or vendor information and source code).				
I understand and agree as follows:  1. As a non-affiliated user at Pomona Valley Hospital Medical Center, I may learn of or have access to confidential information through computer systems (including, but not limited to patient care information systems, other clinical and financial information systems).  2. I will use confidential information/PHI only as necessary to perform my duties, as well as safeguard and limit access to any Protected Health Information in any medium (including written, oral or electronic formats).  3. I represent and warrant that all electronic devices I will use to access Pomona Valley Hospital Medical Center's electronic PHI have been secured according to HIPAA technical security safeguards.  4. I understand that it is my responsibility to ensure that employees or personnel under my direction that have access to confidential information/PHI through Pomona Valley Hospital Medical Center computer systems using are aware of the concepts of confidentiality, privacy and security as well as the rules outlined in this document.  5. I understand that the Health Insurance Portability and Accountability Act does not necessarily apply to offshore entities and as such I, as well as my employees or associates within my medical group are responsible for ensuring the confidentiality and privacy of all information obtained from Pomona Valley Hospital Medical Center computer systems that may be available to offshore entities.  5. I understand that Pomona Valley Hospital Medical Center may routinely monitor and audit access to information regarding, but not limited to, employees and patients, their relatives, public figures, and VIPs for appropriateness of access to such information as it relates to my legitimate duties.  7. I understand that I am responsible for all activity logged under my user ID and that I must log off before another user may use the computer as well as when I am through accessing Pomona Valley Hospital Medical Center and I will report activities of any individual or entity that I su				
	VHMC Sponsor's Signature:  EQUIRED SECURITY QUESTIONS (Four Individuals Protected Health Information (PHI), which is created or received by a healthcare provider, health plan, or to the past, present or future physical or mental health condition formation; Pomona Valley Hospital Medical Center Associates, Clinical sand disciplinary actions); Pomona Valley Hospital Medical Center Associates, Clinical sand disciplinary actions); Pomona Valley Hospital Medical Centers' specific informatic communications, proprietary computer programs and technolo Proprietary third-party information (including computer program and escare information systems, other clinical and financial information I will use confidential information/PHI only as necessary to per oral or electronic formats). I represent and warrant that all electronic devices I will use to security safeguerds. I understand that it is my responsibility to ensure that employed center computer systems using are aware of the concepts of I understand that the Health Insurance Portability and Accoun medical group are responsible for ensuring the confidentiality to offshore entities. I understand that I am responsible for all activity logged under Valley Hospital Medical Center computer systems and will not I will protect any and all PHI obtained through my association individual or entity that I suspect may have compromised the µ I will notify Pomona Valley Hospital Medical Center if I suspect authorization and agree to hold Pomona Valley Hospital Medical Center if I suspect authorization and agree to hold Pomona Valley Hospital Medical Center if I suspect authorization and agree to hold Pomona Valley Hospital Medical Center if I suspect and protect any and all I per protect any entity that I suspect may have compromised the µ I understand that I have no right to any electronic PHI referred authorization and agree to hold Pomona Valley Hospital Medical Center appropriate, renew or cancel my access to Cromote PHI referred cappropriate, renew or cancel my access for Confide	VHMC Sponsor's Signature:  EQUIRED SECURITY QUESTIONS (For future verification // hat street did you grow up on?  Care Provider  Contractor  I Expiration Date:  Contractor  Any individuals' Protected Health Information (PHI), which is information that identifies an created or received by a healthcare provider, health plan, or healthcare clearing house, is to the past, present or future physical or mental health condition, or payment for the provisinformation; Pomona Valley Hospital Medical Center Associates, Clinical staff, affiliated Physicians and, and disciplinary actions; Pomona Valley Hospital Medical Center's specific information (including financial and so communications, proprietary computer programs and technology and source code); Proprietary third-party information (including computer programs and technology, client or vinderstand and agree as follows:  As a non-affiliated user at Pomona Valley Hospital Medical Center, I may learn of or have a care information systems, other clinical and financial information systems).  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I understand that it is my responsibility to ensure that employees or personnel under my dir center of the promatical proprietary and self-understand that the Health Insurance Portability and Accountability Act does not necessar medical group are responsible for eristing the confidentiality in rolary and a figures, and VIPs for appropriateness of access to such information as it relates to my legit I understand that the Pomona Valley Hospital Medical Center may routinely monitor and audit as figures, and VIPs for appropriateness of access to such information as it relates to my legit I understand that the Health Insurance Portability logged under my user 10 and that I must post individual or entity that I suspect may have compromised the privacy or confidentiality or entity that I may be a post individual or entity that I suspect my have compromised the privacy o	VHMC Sponsor's Signature:  **COUIRED SECURITY QUESTIONS (For future verification)**  **Index street did you grow up on?**  **Expiration Date:  Contractor  J Vendor  **Other  **Other  **Other  **Other leads information relating to:  Any individuals: Protected Health Information (PHI), which is information that identifies an individual (name, social security number, created or received by a healthcare provider, health pain, or healthcare clearing house, is transmitted or maintained in any medium (is to the past, present or future physical or mental health condition, or payment for the provision of care (including medical records, information)**  Pomora Valley Hospital Medical Center's Seccietes, Clinical staff, affiliated Physicians and non-affiliated Physicians (including medical records, strategic plans, internal communications, proprietary computer programs and technology, and source code);  Proprietary third-party information (including computer programs and technology, client or vendor information and source code);  **Responsibility** of the client of the proprietary programs and technology, client or vendor information and source code);  **Index and agree as follows:*  **As a non-affiliated user at Pomora Valley Hospital Medical Center, I may learn of or have access to confidential information through core are information systems, other clinical and financial information systems).  **In represent and warrant that all electronic devices I will use to access Pomona Valley Hospital Medical Center's lectronic PHI have be security safeguards.  **It understand that its my responsibility to ensure that employees or personnel under my direction that have access to confidential information in the content of the properties of the prop	

Signature of User Today's Date

DELIVER THIS REQUEST FORM TO THE PVHMC SPONSOR FOR REQUEST PROCESSING

SEE REVERSE FOR LARGE PRINT VERSION OF AGREEMENT



## **USER AGREEMENT**

#### PLEASE READ CAREFULLY BEFORE SIGNING THE FRONT OF THIS FORM

"Confidential Information" includes information relating to:

- A. Any individuals' Protected Health Information (PHI), which is information that identifies an individual (name, social security number, account number, medical record number, etc.) and is created or received by a healthcare provider, health plan, or healthcare clearing house, is transmitted or maintained in any medium (i.e. electronic medical record, paper, oral), and relates to the past, present or future physical or mental health condition, or payment for the provision of care (including medical records, conversations, admitting information, and patient financial information);
- B. Pomona Valley Hospital Medical Center Associates, Clinical staff, affiliated Physicians and non-affiliated Physicians (including medical records, compensation, benefits, employment records, and disciplinary actions);
- C. Pomona Valley Hospital Medical Centers' specific information (including financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs and technology and source code):
- D. Proprietary third-party information (including computer programs and technology, client or vendor information and source code).

## I understand and agree as follows:

- 1. As a non-affiliated user at Pomona Valley Hospital Medical Center, I may learn of or have access to confidential information through computer systems (including, but not limited to patient care information systems, other clinical and financial information systems).
- 2. I will use confidential information/PHI only as necessary to perform my duties, as well as safeguard and limit access to any Protected Health Information in any medium (including written, oral or electronic formats).
- I represent and warrant that all electronic devices I will use to access Pomona Valley Hospital Medical Center's electronic PHI have been secured according to HIPAA technical security safeguards.
- 4. I understand that it is my responsibility to ensure that employees or personnel under my direction that have access to confidential information/PHI through Pomona Valley Hospital Medical Center computer systems are aware of the concepts of confidentiality, privacy and security as well as the rules outlined in this document.
- 5. I understand that the Health Insurance Portability and Accountability Act does not necessarily apply to offshore entities and as such I, as well as my employees or associates within my medical group are responsible for ensuring the confidentiality and privacy of all information obtained from Pomona Valley Hospital Medical Center computer systems that may be available to offshore entities.
- 6. I understand that Pomona Valley Hospital Medical Center may routinely monitor and audit access to information regarding, but not limited to, employees and patients, their relatives, public figures, and VIPs for appropriateness of access to such information as it relates to my legitimate duties.
- 7. I understand that I am responsible for all activity logged under my user ID and that I must log off before another user may use the computer as well as when I am through accessing Pomona Valley Hospital Medical Center computer systems and will not loan my user ID to any individual nor use the user ID of any other individual.
- I will protect any and all PHI obtained through my association with PVHMC even after my association has ended at Pomona Valley Hospital Medical Center and I will report activities of any individual or entity that I suspect may have compromised the privacy or confidentiality of electronic PHI to the PVHMC Service Desk at 909-865-9500 x4357.
- 9. I will notify Pomona Valley Hospital Medical Center if I suspect or learn that my authorization for access to confidential information has been misused or disclosed without proper authorization and agree to hold Pomona Valley Hospital Medical Center harmless from any consequences flowing from misuse, including but not limited to, paying reasonable attorney fees, costs and expenses incurred by Pomona Valley Hospital Medical Center in connection with such misuse, whether or not court action is initiated.
- 10. I understand that I have no right to any electronic PHI referred to in this agreement and that Pomona Valley Hospital Medical Center reserves the right to review, revise and if appropriate, renew or cancel my access to PVHMC's information systems.
- 11. I understand that violation of my duties as discussed above may independently constitute a violation of federal and California state mandated regulations and subject to applicable criminal/civil laws/civil fines and that a violation of this agreement will subject me to discipline, including, if warranted, suspension/termination of privileges.
- 12. I understand the concepts of confidentiality, privacy and security and that PHI is protected by law, including but not limited to the Health Insurance Portability and Accountability Act of 1996, and by strict policies at Pomona Valley Hospital Medical Center.

### PLEASE READ CAREFULLY BEFORE SIGNING THE FRONT OF THIS FORM