Bozeman Deaconess
HOSPITAL

COMPUTER SECURITY AGREEMENT FOR PROVIDERS

Date Access should begin_____ **Name of Medical Group**_____

Last Name_____ **First Name**_____ **MI:**____ **Phone#**_____

☐ **New Employee**

☐ **Change of Position – Prior Title:**_____

☐ **Menu Change:** _____

☐ **Other:** _____

REQUIRED! This person should be set up the same as:_____

(Name of existing staff member that this person's setup should emulate)

NO ONE SHOULD BE AUTHORIZED TO USE PCI (Patient Care Inquiry Module) AT ANY LEVEL ABOVE AND BEYOND WHAT IS ABSOLUTELY NECESSARY TO PERFORM JOB FUNCTIONS!

Is PCI access necessary? Yes_____ No_____ If so, at what level of security?

Restricted to Non-confidential patients only?_____

Restricted to assigned provider's patients only?_____

MSM ☐ PACS ☐ MEDITECH ☐ NEXTGEN ☐ INTERNET ☐ OTHER ☐

Computerized information systems are an important asset of Bozeman Deaconess Hospital. 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 that allows 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 BDHS 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 BDHS Information Systems personnel.
- ✓ I understand if my PC is connected to the BDHS 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.

Computer Access User Signature: _____ **Date:**_____

Computer Access User Printed Name: _____

Practice Manager Signature: _____

Information Systems Use Only

Sign Off Julie _____ Kim _____ MiChelle_____ Eric _____
Shawna_____ Danny _____Chris_____ Dustin_____

Meditech Mnemonic: _____

Revised July 2011