



CaneCare
Electronic Health Record (EHR) Access Request Form
University of Miami Miller School of Medicine



DESCRIPTION OF SYSTEM

CaneCare is a hybrid Document Management System which stores a copy of the clinical documentation reports filed in the patient medical record chart. It provides UMMG physicians with an electronic patient chart that can be accessed from any location using a web browser.

THIS INFORMATION IS TO BE FURNISHED BY THE APPLICANT (PLEASE PRINT LEGIBLY)

- Please complete ALL sections on ALL pages of this form (Incomplete forms will not be processed).
- The applicant must sign the yellow section (**SECTION A**) of page 2. The supervisor must sign the green section (**SECTION B**) of page 2.

NEW USER ACCESS (Specify Start Date: _____) **MODIFY USER ACCESS**

IF RESIDENT, FELLOW OR MEDICAL STUDENT, CHOOSE ONE OF THE FOLLOWING

Resident Fellow Medical Student (Graduation Date: _____)

APPLICANT'S INFORMATION

FIRST NAME	M.I.	LAST NAME	PHONE NUMBER (WITH AREA CODE)
------------	------	-----------	-------------------------------

REQUIRED *FIELDS*	C# *REQUIRED* (IF NO C#, MUST INCLUDE DATE OF BIRTH)	DATE OF BIRTH (IF NO C# IS PROVIDED, MUST INCLUDE DATE OF BIRTH)
--------------------------------	---	--

REQUIRED *FIELDS*	MEDICAL USER NAME (EMAIL) *REQUIRED*
--------------------------------	---

POSITION TITLE	ORGANIZATION NAME (e.g., ABLEH, UMH, UMHC, UMMG, OTHER)
----------------	---

LOCATION BUILDING	DEPARTMENT	DIVISION
-------------------	------------	----------

ROLE/FUNCTIONAL ACCESS REQUIRED

CHOOSE ONE OF THE FOLLOWING FUNCTIONS BASED ON YOUR FUNCTIONAL ROLE:

- Patient Treatment** (Functional Roles: Practitioners, Nurses, ARNP, PCA)
-
- Payment/Operation** (Functional Roles: Administrative Assistants, Coding, Financial Representatives)
-
- Research** (Functional Roles: Investigators and/or Coordinators who are contributing to the scientific development or execution of a protocol)

Review of medical records for research purposes requires the University Institutional Review Board (IRB) approval unless the study is deemed exempt (see CFR 46.101). The IRB has the responsibility of reviewing all human subjects research conducted by faculty, staff and students of both the University of Miami and the Jackson Health System (JHS). The IRBs' jurisdiction extends not only to research conducted on University and JHS premises, but also to research conducted elsewhere under the auspices of these institutions. For more information contact IRB at 305-243-6713.

Principal Investigator's Printed Name: _____ **Principal Investigator's Signature:** _____ **Date:** _____

***Please enclose a copy of the IRB Approval letter with your access request form.**

OTHER (the following options may not apply to all users)

- Privacy Application** (HIPAA Privacy documentation) **BSCAN** **OTG** **Other** _____



UM Clinical Enterprise Technologies
 1150 N.W. 14th Street, Suite 100
 Miami, FL 33136
 Tel: (305) 243-7339
 Fax: (305) 243-7355

Date Modified: February 11th, 2009

Modified by: wr

Page 1 of 2



CaneCare
Electronic Health Record (EHR) Access Request Form
University of Miami Miller School of Medicine



HIPAA (Privacy & Security of Protected Health Information)

The University of Miami has developed policies and procedures for the use and disclosure of University patient health information in compliance with applicable state and federal laws, including the **Privacy & Security** standards promulgated under the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**. By signing this form you hereby agree to comply with HIPAA. Furthermore, by signing this form, you affirm the fact that you've taken and successfully passed the 'HIPAA Privacy & Security Awareness' online training. If you have any questions concerning our policies and procedures, please contact the Office of Privacy and Security at **305-243-5000**, email us at hipaaprivacy@med.miami.edu, or visit our site: <http://med.miami.edu/hipaa>.

SECURITY ADMINISTRATION PROCEDURES

1. Fax this completed access request form to: **Clinical Enterprise Technologies at 305-243-7355.**
2. The completed form will be reviewed to meet all requirements and you will be contacted to schedule a training session.
3. **Proof of identity (driver license/passport) and employment (organizational identification) will be required during your training session.**
4. **A username and password will be assigned upon completion of your training session and signing of Confidentiality Agreement.**

If you need assistance, please contact the CET Support Desk at **305-243-2574, 305-243-9014 or 305-243-7339.**

APPLICANT'S SIGNATURE

SECTION A By signing this access request form, I understand and agree to maintain the confidentiality of patient health information and will refer all requests for disclosures to the Health Care Provider Medical Records Custodian or the hospitals' HIM departments. Furthermore, I understand that I will receive a unique username and password that is not to be shared and/or made public and will sign off the system before leaving the workstation. In addition, I understand that if I don't access the system for over 3 months, my account will be deactivated.

APPLICANT'S SIGNATURE	APPLICANT'S PRINTED NAME	DATE
------------------------------	---------------------------------	-------------

APPLICANT'S UM SUPERVISOR, AUTHORIZING MANAGER, SPONSOR/LIASON OR ADMINISTRATOR

SECTION B By signing this access request form, I acknowledge and confirm that the above applicant needs access to the system referred to in this application in order to perform his/her job functions. I will notify the CET department upon this employee's termination and/or transfer to a different position or department where access must be assessed as it relates to their job functions by their new supervisor.

SUPERVISOR'S SIGNATURE	SUPERVISOR'S PRINTED NAME	SUPERVISOR'S PHONE #	DATE
-------------------------------	----------------------------------	-----------------------------	-------------



UM Clinical Enterprise Technologies
 1150 N.W. 14th Street, Suite 100
 Miami, FL 33136
 Tel: (305) 243-7339
 Fax: (305) 243-7355

Date Modified: February 11th, 2009

Modified by: wr

Page 2 of 2