# Electronic Health Record (EHR) Access Request Form

**University of Miami Miller School of Medicine**

**Date Modified:** February 11th, 2008  
**Modified by:** wr

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**REQUESTOR’S INFORMATION**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>M.I.</th>
<th>FIRST NAME</th>
<th>MEDICAL USER NAME (EMAIL) <em>REQUIRED</em></th>
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<tr>
<th>POSITION TITLE (e.g. Assistant Professor/MD)</th>
<th>EMPLOYEE ID#</th>
<th>TELEPHONE/BEEPER</th>
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<tr>
<th>ORGANIZATION NAME</th>
<th>LOCATION (BLDG/RM) (e.g. Bldg-SCCC/Rm#3023)</th>
<th>DEPARTMENT/DIVISION (e.g. Medicine/Cardiology)</th>
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**ROLE/FUNCTIONAL ACCESS REQUIRED**

- [ ] NEW USER ACCESS
- [ ] MODIFY USER ACCESS

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

- Resident
- Fellow
- Medical Student (Graduation Date: ______________)

**REQUESTER’S UM SUPERVISOR, AUTHORIZING MANAGER, SPONSOR/LIAISON OR ADMINISTRATOR**

By signing this access request form, I acknowledge and confirm the above requestor needs access to the EHR in order to perform his/her job functions. I will notify the CIMS 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.

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**CaneCare**

**UM Clinical Enterprise Technologies**

1150 N.W. 14th Street, Suite 100  
Miami, FL  33136  
Tel: (305) 243-7339  
Fax: (305) 243-3044

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*IMPORTANT: REFER TO THE STEPS IN THE SECOND PAGE TO PROPERLY SUBMIT THIS FORM.*
### DESCRIPTION OF APPLICATION

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. All original University of Miami medical records are the property of the University of Miami and maintained by the Health Care Provider Record Custodian or the hospitals’ HIM departments.

### 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. 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

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.

Need HELP? Contact the CIMS Support Desk at 305-243-7339.

Requestor Signature: ______________________________________________________________ Date: ________________

*IMPORTANT: SIGN ABOVE TO CONFIRM THAT YOU'VE REVIEWED AND UNDERSTOOD THE CONTENTS OF THIS PAGE.*