

THIS INFORMATION IS TO BE FURNISHED BY THE REQUESTOR (PLEASE PRINT LEGIBLY)
Please complete ALL sections on ALL pages of this form (Incomplete forms will not be processed)

NEW USER ACCESS MODIFY USER ACCESS

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

Resident Fellow Medical Student (Graduation Date: _____)

REQUESTOR'S INFORMATION

LAST NAME	M.I.	FIRST NAME	MEDICAL USER NAME (EMAIL) *REQUIRED*
POSITION TITLE (e.g. Assistant Professor/MD)		EMPLOYEE ID#	TELEPHONE/BEEPER
ORGANIZATION NAME	LOCATION (BLDG/RM) (e.g. Bldg-SCCC/Rm#3023)	DEPARTMENT/DIVISION (e.g. Medicine/Cardiology)	

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 _____

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.

Requestor Signature: _____ Date: _____

IMPORTANT: REFER TO THE STEPS IN THE SECOND PAGE TO PROPERLY SUBMIT THIS FORM.

REQUESTOR'S UM SUPERVISOR, AUTHORIZING MANAGER, SPONSOR/LIASON 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.

Requestor's UM Sponsor/Supervisor Printed Name:	Requestor's UM Sponsor/Supervisor Signature:	Date:	Telephone/Ext:
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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

1. Complete the EHR Access Request form and fax to: **Clinical Information Management Systems, at 305-243-3044.**
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.

UMCET STAFF ONLY

Date form received:	Access processed by:	Date request completed:
Username assigned:	Access group assigned:	
Date of training:	Trained by:	ARF Status/Comments (i.e. pending info, missing info, etc.):