

## COMPUTER ACCESS REQUEST FORM – RESEARCH

Once completed, email to Mandy Childs at [mandy.childs@bannerhealth.com](mailto:mandy.childs@bannerhealth.com) for questions call the Banner Help Desk at 602-747-4444 **All fields are mandatory and illegible forms will not be processed.**

User Last Name	User First Name	User MI	Credential (MD, RN, etc.)
User Email Address		User Job Title	
Employer Name	User Phone #	IRB #:	
If this is for Cerner access – how will requester be using this access:		Banner/UA Dept.:	

### BUMC(P/T/S) CONFIDENTIALITY / NON-DISCLOSURE AGREEMENT

It is the intent of BUMC(T/S) and this User that BUMC(T/S) corporate or patient information obtained under this Agreement will remain confidential at all times. Confidential information includes, but is not limited to, patient, employee, financial, intellectual property, quality, financially non-public, contractual, and information of a competitive advantage nature, from any source or in any form (i.e. paper, magnetic or optical media, conversations, film, etc.)(AR S 12-2291 et seq. and CFR 160 & 164). All information contained within a patient's medical record (hard copy and electronic) is confidential. Aggregate data output (diagnosis, procedure service, specialty, physician, etc.) is also confidential and may only be released by individuals authorized to do so by their position. Passwords to any computer system that processes/stores patient specific clinical data or corporate and employee data are also confidential. This information is protected by state and federal law and by the policies of the **Banner - University Medical Center Phoenix/Tucson/South [BUMC(P/T/S)]**.

I, the undersigned User, understand that BUMC(T/S) shall take appropriate action to ensure compliance with any and all applicable federal, state and local laws and regulations regarding such a violation including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health ("HITECH") Act. The intent of these laws and policies is to ensure that confidential information will remain confidential through its use and as a necessity to accomplish the missions of this organization.

In order to be allowed access to BUMC(T/S) systems and/or be granted authorization to access any form of confidential information identified above, I, the undersigned, agree to comply with the following terms and conditions:

- I agree to use my unique user ID and password only in the course and scope of my employment and solely for legitimate application access. Any patient or financial data available to me through access to BUMC (P/T/S) computer systems will be treated as confidential information.
- My computer user account is equivalent to my LEGAL SIGNATURE. I will not disclose this account or password to anyone or allow anyone other than myself to access the system using it and understand that I am responsible and accountable for all entries made and all retrievals accessed under my user account, even if such action was made by me or by another due to my intentional or negligent act or omission.
- I will not access or attempt to access any BUMC (P/T/S) computer system fraudulently by using an account and password other than my own.
- I agree to comply with the applicable provisions of HIPAA, HITECH and any other federal or state laws or regulations protecting Health Information Privacy and Security and to protect to the fullest extent required by state and federal laws and hospital policy the patient's right to confidentiality of all medical and personal information.
- I will not access or attempt to access for the purpose of inquiry, manipulation, deletion or alteration any data outside the scope of my responsibility, including my own electronic medical record, data regarding family members, or that of friends/associates. In addition, I will not access or attempt to access confidential information, including personnel, billing or private information outside the scope of my employment.
- I agree not to use information obtained from BUMC (PT/S) computer systems in any way that is detrimental to the organization, its members or patients.
- I agree to use care in handling printed reports, report copies, and fax documents and appropriately destroy or dispose of non-permanent paper copies containing patient, workforce, or corporate confidential information.
- I agree that I will not leave any workstation unsecured when logged into a BUMC (P/T/S) computer application and agree to log completely off of the system at the end of each workday.
- I will notify BUMC(T/S) of any change to the information provided on this form, including name, email address, job title or employment arrangement, within 24 hours of the change,
- If I supervise individuals who have been granted access to BUMC (P/T/S) systems, I will notify BUMC (P/T/S) of any change in employment status on my employees' part within 24 hours of such change.
- I will not intentionally damage, corrupt, or inappropriately delete data or computer programs or copy data or programs to other devices or media without authorization.
- I will not tamper with any BUMC (P/T/S) network-connected device without the express written permission of the CIO or designee. Tampering includes loading of any applications.
- I understand a detailed record of user's access to applications is recorded electronically. Access and use will be audited regularly, at any time on a random basis, or for cause. I consent to having all or any part of their use of and access to BUMC (P/T/S)'s computer systems audited and reviewed at any time to ensure compliance with this agreement.
- Annual recertification is required to maintain this access. If I do not use my account regularly, I acknowledge that it is BUMC (P/ T/S) corporate policy to disable my access. If I do not use this account for more than six months, I will need to resubmit this form with appropriate authorization.

**I understand and acknowledge that improper access to, use or disclosure of BUMC (P/T/S) business or patient confidential information, whether verbally or from a paper-based or a computer-based record is a violation of law and/or BUMC (P/T/S) corporate policies. I understand and acknowledge that any violation of any part of the above agreement can result in termination of medical record and/or computer access privileges, and may result in regulatory or legal action, fines or civil money penalties. I also understand and acknowledge that disclosure of confidential information is prohibited indefinitely, even after termination of business relationship, expiration or cancellation of this agreement, or unless specifically waived in writing by the authorized party.**

### User Acknowledgement

I, \_\_\_\_\_ acknowledge having received, read, been given an opportunity to ask any questions and agree to abide by the terms of this Agreement. I understand that if I violate any part of the agreement, access to BUMC (P/T/S) systems can and may be revoked and I may be subject to legal and or regulatory action, fines or civil money penalties.

X \_\_\_\_\_  
User Signature
Date

Supervisor's Name that's Authorizing Access	Phone #	Date	
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