POMONA VALLEY HOSPITAL
MEDICAL CENTER

Record Connect System Access Form

PLEASE FILL IN ALL REQUESTED INFORMATION LEGIBLY OR REQUEST WILL NOT BE PROCESSED

Date & Time Submitted:

User's Last Name & Suffix	First Name:	Middle Name:

Name of Organization and Address:

Office Telephone:	Cellular Telephone and/or Pager:

Email Address:	Office Manager (if any):

:Specialty (if clinical)

TYPE

❒ Care Provider Care

❒ Other

SECURITY QUESTIONS: Please answer the following	**questions for future verification**
What street did you grow up on?	What year were you born?

USER AGREEMENT

"Confidential Information" includes information relating to:

A. *Any individuals' Protected Health Information (PHI), which is information that identifies an individual (name, social security number, account number, medical record number, etc.) and is created or received by a healthcare provider, health plan, or healthcare clearing house, is transmitted or maintained in any medium (i.e. electronic medical record, paper, oral), and relates to the past, present or future physical or mental health condition, or payment for the provision of care (including medical records, conversations, admitting information, and patient financial information);*
B. *Pomona Valley Hospital Medical Center Associates, Clinical staff, affiliated Physicians and non-affiliated Physicians (including medical records, compensation, benefits, employment records, and disciplinary actions);*
C. *Pomona Valley Hospital Medical Centers' specific information (including financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs and technology and source code);*
D. *Proprietary third-party information (including computer programs and technology, client or vendor information and source code).*

I understand and agree as follows:

1. *As a non-affiliated user at Pomona Valley Hospital Medical Center, I may learn of or have access to confidential information through computer systems (including, but not limited to patient care information systems, other clinical and financial information systems).*
2. *I will use confidential information/PHI only as necessary to perform my duties, as well as safeguard and limit access to any Protected Health Information in any medium (including written, oral or electronic formats).*
3. *I represent and warrant that all electronic devices I will use to access Pomona Valley Hospital Medical Center's electronic PHI have been secured according to HIPAA technical security safeguards.*
4. *I understand that it is my responsibility to ensure that employees or personnel under my direction that have access to confidential information/PHI through Pomona Valley Hospital Medical Center computer systems using are aware of the concepts of confidentiality, privacy and security as well as the rules outlined in this document.*
5. *I understand that the Health Insurance Portability and Accountability Act does not necessarily apply to offshore entities and as such I, as well as my employees or associates within my medical group are responsible for ensuring the confidentiality and privacy of all information obtained from Pomona Valley Hospital Medical Center computer systems that may be available to offshore entities.*
6. *I understand that Pomona Valley Hospital Medical Center may routinely monitor and audit access to information regarding, but not limited to, employees and patients, their relatives, public figures, and VIPs for appropriateness of access to such information as it relates to my legitimate duties.*
7. *I understand that I am responsible for all activity logged under my user ID and that I must log off before another user may use the computer as well as when I am through accessing Pomona Valley Hospital Medical Center computer systems and will not loan my user ID to any individual nor use the user ID of any other individual.*
8. *I will protect any and all PHI obtained through my association with PVHMC even after my association has ended at Pomona Valley Hospital Medical Center and I will report activities of any individual or entity that I suspect may have compromised the privacy or confidentiality of electronic PHI to the PVHMC Service Desk at 909-865-9500 x4357.*
9. *I will notify Pomona Valley Hospital Medical Center if I suspect or learn that my authorization for access to confidential information has been misused or disclosed without proper authorization and agree to hold Pomona Valley Hospital Medical Center harmless from any consequences flowing from misuse, including but not limited to, paying reasonable attorney fees, costs and expenses incurred by Pomona Valley Hospital Medical Center in connection with such misuse, whether or not court action is initiated.*
10. *I understand that I have no right to any electronic PHI referred to in this agreement and that Pomona Valley Hospital Medical Center reserves the right to review, revise and if appropriate, renew or cancel my access to PVHMC's information systems.*
11. *I understand that violation of my duties as discussed above may independently constitute a violation of federal and California state mandated regulations and subject to applicable criminal/civil laws/civil fines and that a violation of this agreement will subject me to discipline, including, if warranted, suspension/termination of privileges.*
12. *I understand the concepts of confidentiality, privacy and security and that PHI is protected by law, including but not limited to the Health Insurance Portability and Accountability Act of 1996, and by strict policies at Pomona Valley Hospital Medical Center.*

SEE REVERSE FOR LARGE PRINT VERSION OF AGREEMENT

Signature of User

Today's Date

DELIVER THIS REQUEST FORM TO THE PVHMC SPONSOR FOR REQUEST PROCESSING

POMONA VALLEY HOSPITAL
MEDICAL CENTER

USER AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING THE FRONT OF THIS FORM

"Confidential Information" includes information relating to:

A. *Any individuals' Protected Health Information (PHI), which is information that identifies an individual (name, social security number, account number, medical record number, etc.) and is created or received by a healthcare provider, health plan, or healthcare clearing house, is transmitted or maintained in any medium (i.e. electronic medical record, paper, oral), and relates to the past, present or future physical or mental health condition, or payment for the provision of care (including medical records, conversations, admitting information, and patient financial information);*
B. *Pomona Valley Hospital Medical Center Associates, Clinical staff, affiliated Physicians and non-affiliated Physicians (including medical records, compensation, benefits, employment records, and disciplinary actions);*
C. *Pomona Valley Hospital Medical Centers' specific information (including financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs and technology and source code);*
D. *Proprietary third-party information (including computer programs and technology, client or vendor information and source code).*

I understand and agree as follows:

1. *As a non-affiliated user at Pomona Valley Hospital Medical Center, I may learn of or have access to confidential information through computer systems (including, but not limited to patient care information systems, other clinical and financial information systems).*
2. *I will use confidential information/PHI only as necessary to perform my duties, as well as safeguard and limit access to any Protected Health Information in any medium (including written, oral or electronic formats).*
3. *I represent and warrant that all electronic devices I will use to access Pomona Valley Hospital Medical Center's electronic PHI have been secured according to HIPAA technical security safeguards.*
4. *I understand that it is my responsibility to ensure that employees or personnel under my direction that have access to confidential information/PHI through Pomona Valley Hospital Medical Center computer systems are aware of the concepts of confidentiality, privacy and security as well as the rules outlined in this document.*
5. *I understand that the Health Insurance Portability and Accountability Act does not necessarily apply to offshore entities and as such I, as well as my employees or associates within my medical group are responsible for ensuring the confidentiality and privacy of all information obtained from Pomona Valley Hospital Medical Center computer systems that may be available to offshore entities.*
6. *I understand that Pomona Valley Hospital Medical Center may routinely monitor and audit access to information regarding, but not limited to, employees and patients, their relatives, public figures, and VIPs for appropriateness of access to such information as it relates to my legitimate duties.*
7. *I understand that I am responsible for all activity logged under my user ID and that I must log off before another user may use the computer as well as when I am through accessing Pomona Valley Hospital Medical Center computer systems and will not loan my user ID to any individual nor use the user ID of any other individual.*
8. *I will protect any and all PHI obtained through my association with PVHMC even after my association has ended at Pomona Valley Hospital Medical Center and I will report activities of any individual or entity that I suspect may have compromised the privacy or confidentiality of electronic PHI to the PVHMC Service Desk at 909-865-9500 x4357.*
9. *I will notify Pomona Valley Hospital Medical Center if I suspect or learn that my authorization for access to confidential information has been misused or disclosed without proper authorization and agree to hold Pomona Valley Hospital Medical Center harmless from any consequences flowing from misuse, including but not limited to, paying reasonable attorney fees, costs and expenses incurred by Pomona Valley Hospital Medical Center in connection with such misuse, whether or not court action is initiated.*
10. *I understand that I have no right to any electronic PHI referred to in this agreement and that Pomona Valley Hospital Medical Center reserves the right to review, revise and if appropriate, renew or cancel my access to PVHMC's information systems.*
11. *I understand that violation of my duties as discussed above may independently constitute a violation of federal and California state mandated regulations and subject to applicable criminal/civil laws/civil fines and that a violation of this agreement will subject me to discipline, including, if warranted, suspension/termination of privileges.*
12. *I understand the concepts of confidentiality, privacy and security and that PHI is protected by law, including but not limited to the Health Insurance Portability and Accountability Act of 1996, and by strict policies at Pomona Valley Hospital Medical Center.*

PLEASE READ CAREFULLY BEFORE SIGNING THE FRONT OF THIS FORM

USER AGREEMENT