

SAINT VINCENT HEALTH SYSTEM
User Access Agreement
Non-SVHS Employed Physician Office Practice Sites

This agreement is in response to _____'s request for me to have access to electronic system(s) of Saint Vincent Health System (SVHS). This agreement is in effect while I am accessing electronic system(s) at any SVHS location as well as at my practice site(s) during my employment with _____.

In agreeing to receive access to SVHS system(s) and the issuance to me of unique user access code(s), I understand I will be subject to the terms and conditions outlined as follows:

TERMS AND CONDITIONS:

1. Upon receiving access to electronic systems of SVHS I acknowledge and agree that:
 - a. SVHS owns and reserves the right to monitor all user access accounts
 - b. My unique user access code(s) is the legal equivalent to my signature and therefore I shall not share or divulge my access code(s) with any other person at any time, except upon written request of the Information Security Officer.
 - c. My access code(s) is intended for my use ONLY
 - d. I shall be held responsible and accountable for any and all use(s) of my access code(s) for any purpose
 - e. I shall access only that information that constitutes the minimum necessary to perform my job function. Any unapproved access to or misuse of system information, including access to my own information or information of a friend, relative or co-worker shall be viewed as abuse of my user access code(s) and a violation of this Agreement.
 - f. I shall complete appropriate system training before my user access code(s) will be issued and shall also complete any refresher training required by SVHS
 - g. User access code abuse includes, but is not limited to, breach of patient confidentiality, breach of Health System confidentiality, disclosure of my user access code(s) to an unauthorized person, inappropriate access or use of my access code(s), or fraudulent use of the code(s) for financial or other purposes.
 - h. Alleged access abuses or violations involving my access code(s) will be handled in accordance with my practice site's SVHS Practice Site Master Access Agreement.

2. I intend to be legally bound by the terms and conditions of this agreement for the duration of time I have access to SVHS systems.

_____ [User Name – Print Name]	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"> Coder / Biller </td> <td style="text-align: center; border: none;"> Clinical Staff </td> <td style="text-align: center; border: none;"> Physician </td> <td style="text-align: center; border: none;"> Office Mgr. </td> </tr> <tr> <td colspan="4" style="text-align: center; border: none;"> [Job Function -- Please circle one] </td> </tr> <tr> <td colspan="4" style="text-align: center; border: none;"> _____ MD, DO, PA, NP, CRNA, CRNP, Other [Credentials -- Please circle one] </td> </tr> </table>	Coder / Biller	Clinical Staff	Physician	Office Mgr.	[Job Function -- Please circle one]				_____ MD, DO, PA, NP, CRNA, CRNP, Other [Credentials -- Please circle one]			
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_____ MD, DO, PA, NP, CRNA, CRNP, Other [Credentials -- Please circle one]													
_____ [User Name - Signature]	_____ Date												
_____ [E-mail Address]	Your e-mail address will be used to notify you of important updates and scheduled maintenance												