Baptist Health South Florida

Incident #: _____
Work Order #: _____
IT PAHL Name: _____

INFORMATION TECHNOLOGY DEPARTMENT
CREDENTIALED MEDICAL STAFF APPLICATION ACCESS FORM

All information MUST be typed or printed in all fields. Information about person for whom application is being requested:

First and Last Name (Please include middle initial) _____ Provider ID or # _____
Title _____ Specialty _____
Address _____ Phone _____
Email _____ Cell _____
Practice Name _____ AD User Name _____
Office Manager _____ BHSF Employee ☐ Yes ☐ No

Physician Group Members: _____

(Required for accurate group census) _____
(Attach separate sheet if necessary) _____

Please check all Baptist Health South Florida facilities where you have privileges:

Hospitals:		
☐ Baptist Hospital	☐ South Miami Hospital	
☐ Baptist Outpatient Services	☐ Doctors Hospital	☐ Mariners Hospital
	☐ Homestead Hospital	☐ West Kendall Hospital

Please check if you are a ☐ **New User** or would like to ☐ **Revise** access

Please check all the applications where access is needed:

☐ **Imorgon (Ultrasound application)**	☐ **Dicom Grid** *(For imaging studies remotely)*
☐ **T-Systems** *(For access to ED clinical documentation)* **Must fill out T-Systems Security Form.**	☐ **Syngo-Radiology** *(Radiology dept. use and/or readership purposes) (Please check only one)* ☐ Anesthesiologist ☐ Cardiovascular ☐ Radiologist
☐ **Ovation** Please select one: ☐ Baptist Author ☐ Baptist Review Only Author	☐ **Essentris** ☐ BHM ☐ HH ☐ SMH ☐ WKBH
Pyxis Medstation ☐ BHM ☐ SMH ☐ WKBH ☐ Anesthesia	**Anesthesia Pyxis** ☐ BHM ☐ SMH ☐ WKBH ☐ Anesthesia ☐ Endo ☐ IVR-A ☐ LDR ☐ MRI

☐ **MAK** (Med Administration Check) **View Only Access – Select Entity:**
☐ BHM ☐ SMH ☐ DH ☐ HH ☐ MAR ☐ WKBH Net Access ID:

☐ **Wireless Network Access** Application Type: ☐ Administrative ☐ Clinical
Device Type: _____
Remote Applications Needed:

Mobile Device Information

Device Type	☐ iPhone	☐ Android	☐ Other __ _____
● Cellular-based synchronization	This device can receive collaboration data via its cellular network.		

Baptist Health South Florida

Please check all the applications where access is needed: (continued) _____

☐ **NeoData**

☐ Addition ☐ Modification

NOTE TO BA: User will need to be added to the **AG-NeoData4-SM / AG-NeoData4-BH** groups.

Modification (if applicable): _____

Unit Authorization: ☐ BHM ☐ SMH

Job Class: ☐ SDN-B ☐ SDN-ARNP ☐ CCNS ☐ CCNS-ARNP ☐ VIEW/PRINT ☐ SUPERUSER ☐ SDN/CCNS

Does their name have to be added to the Preparer drop down list? ☐ Yes ☐ No

Does their name have to be added to the Attending MD drop down list? ☐ Yes ☐ No

Approvals For Mobile Message Synchronization

Note: By signing below, you are acknowledging and agreeing to the following terms. In addition, please note that requestors who are director-level or higher have self-authorization capabilities.

I have read and agree to comply with the Baptist Health South Florida Policy-136 entitled, "Mobile Device Synchronization". Furthermore, I understand that my device is certified for cellular-based synchronization of my collaboration data. I also understand that as the device owner, I am aware of the following information:

a) My cellular service must include a "data plan" to allow my device to receive collaboration data feeds. This adjustment to my service will likely affect my monthly charge. I need to consult with my wireless carrier to ensure I am configured for the optimal data plan which will match my messaging synchronization usage.

b) I may be required to have a Baptist Health South Florida-generated security certificate to be installed on my device to ensure secure communication between BHSF and my device.

c) I understand that I may only have cellular-based synchronization of collaboration data on one device at a time.

d) I will be required to enter a Personal Identification Number on my device on a regular basis.

e) If my device is lost or stolen, I must report it to Information Technology immediately.

f) My device will be remotely reset to factory defaults (eliminating all program and user data) in the event the device is lost or stolen.

g) If my device is reset back to factory defaults or the unit is replaced due to hardware failure, I must contact Information Technology to have my security certificate re-installed and my personal identification number (PIN) re-activated.

h) In the event my employment is terminated or I resign my position with Baptist Health South Florida, my device will be reset back to factory defaults (eliminating all program and user data).

By signing below you have read and agreed to BHSF Policy 105 in your package.

Signature _____ Date _____

You are requesting a password and user ID to the Document Management System ("DMS"). The DMS contains confidential patient information. Confidential patient information may only be retrieved and viewed by physicians, nurses and hospital personnel who are authorized to access such information. In order to maintain patient confidentiality, it is extremely important that you rigorously safeguard your password. You are the only person authorized to use the password assigned to you, therefore, you will be held accountable if someone else uses it. DO NOT GIVE YOUR PASSWORD TO ANYONE; this includes colleagues, nursing personnel, hospital personnel, office staff and everyone other than you.

An audit trail is created every time your password is used to access the system and the audit trail is reviewed on a regular basis. UNAUTHORIZED USE OF DMS PASSWORDS AND USE OF ANOTHER AUTHORIZED USERS PASSWORD IS STRICTLY PROHIBITED AND MAY SUBJECT YOU TO DISCIPLINARY ACTION INCLUDING BUT NOT LIMITED TO LOSS OF MEDICAL STAFF PRIVILEGES. I have read and understand the above and agree to be bound by same.

_____ _____

Signature Date