Affiliate Epic/EMR System Access Request

To facilitate regulatory and auditing needs and to ensure compliance with Federal/State privacy laws, this UC San Diego Health form must be completed in order to make and document system access requests.

Please use the fillable fields by typing in your response. A handwritten copy will not be accepted.

Please allow up to 72 hours for your request to be processed.

Staff Information

Start Date:

Last Name: **First Name:**

Middle Name: **Title/Job Role:**

DOB: **Last.4.SSN:**

Affiliate/Company: **Email Address:**

Main Phone #:   **Main Fax #:**

Main Address: **City, Zip Code:**

Same access as (name of a person we can mirror access after):

Credentialed Trainer: **Date Trained:**

Provider Information:

PID (If known):   **NPI:**

CA License Number: **CA Lic. Exp. Date:**

DEA Number: **DEA Exp. Date:**

For **UC Learning Center access**, please **click here** and complete the on-line request form.

Please allow up to 72 hours for your request to be processed.

Please click the SAVE button to save form to your machine. Post completed forms to iShare.

If you should have questions, contact your Account Manager at: ucsd-connect@ucsd.edu

UCSDH Epic Community Connect

Authorized User Registration and Confidentiality Agreement:

The undersigned individual (You) is employed or contracted with a physician practice ("the Participant") that has signed an Electronic Health Record Access, Use, and Hosting Agreement with The Regents of the University of California, a California Constitutional Corporation, on behalf of its University of California San Diego Health System ("UCSD") and The Regents of the University of California, a California Constitutional Corporation, on behalf of its University of California Riverside Health System ("UCR") "the Participant". Through the agreement and your employment or contractual arrangement with the Participant, You will be granted access to certain information contained in UCSD's electronic information systems, including but not limited to the Epic electronic medical record (EMR) system.

This EMR User Confidentiality Agreement (Agreement) must be completed by each Authorized User of the Participant, and submitted to Your Participant's designated UCSD EMR contact prior to the designated KICK-OFF Date of the implementation. Failure to do so will result in a delayed KICK-OFF Date, possibly resulting in a delayed GO-LIVE Date.

USER INFORMATION:

User Name (First, Middle and Last Name)	
User Title / Position	
Practice Name	UCR Health
Practice Administrative Contact	John Luo
Practice Mailing Address	14500 Meridian Parkway
City, State, Zip	Riverside, CA 92508
User Phone Number	
User Email Address	

USER CONFIDENTIALITY AGREEMENT: This Agreement applies to all UCSD Systems. UCSD's EMR Systems contain medical records and other identifiable information of UCSD's and/or the Participant's patients, and/or family members, including diagnoses, test results, and financial information which are protected by state and federal laws, including HIPAA and similar state (CA) laws. Routine security audits will be performed by UCSD to ensure compliance with requirements set forth below. If an Authorized User is found in breach of any of the below defined requirements, then the Authorized User's access may be revoked. When accessing UCSD's EMR Systems, You agree as follows (**initial each box**):

USER INITIALS	
	1. You shall protect the confidentiality of the information contained in the EMR Systems as required by this Agreement and by applicable laws governing privacy

	and security of patient information, including but not limited to HIPAA and similar state laws.
	2. You shall safeguard and protect Your EMR Systems user IDs and passwords (Credentials). You shall not share Your Credentials with any individuals (e.g., supervisors) or use another individual's Credentials to access the EMR Systems.
	3. You are being granted access to the EMR Systems solely for the purpose of performing Your work-related duties for your Participant, and You shall only access the minimum amount of information necessary to perform such duties. You shall not use your EMR Systems account access for any personal or other purpose.
	4. If You discover that Your Credentials to the EMR System has been compromised, You shall immediately notify the UCSD IT Service Desk.
	5. UCSD conducts routine access audits to ensure information accessed through the EMR System is appropriate. You shall be personally accountable for any actions taken using Your Credentials.
	6. The EMR Systems contain confidential information and proprietary materials owned by UCSD and/or their respective licensors, such as Epic Systems Corp. UCSD's Confidential Information does not belong to You.
	7. You shall not use or disclose any Confidential Information with other individuals unless required for You to perform Your work for the Participant. If any such use or disclosure is required, You shall follow the applicable procedures of the Participant and the instructions of Your supervisor or director.
	8. If You receive a request or demand from any person or organization other than the Participant or UCSD for Confidential Information or access to the EMR Systems, You shall immediately notify Your supervisor and the Participant's Compliance Officer who will then communicate with UCSD.
	9. You shall not print, transmit, download, transfer or make copies of any information, software or screen shots accessed in the EMR Systems, except for copies required to document the treatment in the medical record maintained by the Participant or in the financial records maintained by the Participant to obtain payment for such treatment.
	10. Your failure to comply with these obligations may result in revocation of Your EMR Systems user account and other actions by the Participant or UCSD, including referral to appropriate law enforcement agencies.
	11. On termination of Your employment or engagement with the Participant, You shall return to the Participant's designated Community Connect contact any applicable Credentials to the EMR Systems (e.g., tokens) and all copies of documents containing Confidential Information in Your possession or under Your control.

	12. You have completed the Participant's HIPAA Privacy & Security compliance training, and You shall abide by the Participant's policies and procedures as they apply to accessing confidential information.

By signing below, you acknowledge that You have read this Agreement and agree to comply with the requirements and obligations set forth herein. UCSD and the Participant are express third-party beneficiaries of this Agreement.

Signature: _____ **Date:** _____