HOUSTON Methodist
LEADING MEDICINE

IT System Access Request form for: Physicians, Physician Office Staff, and Allied Health Professionals

A signed HMH Confidentiality & Information Security Agreement (see page 2) must accompany this request.

Please check the box for each hospital where you have privileges. Fax form to the number below.

☐ HMH   ☐ HMSL   ☐ HMWB   ☐ HMSJ   ☐ HMW   ☐ HMSTJ   ☐ HMSTC
Fax: 713-441-1495   Fax: 281274-8028   Fax: 281-737-1150   Fax: 281-420-8429   Fax: 832-522-0301   Fax: 281-523-2513   Fax: 281-599-4383

Please select the type of access you are requesting

Professional Role: ☐ Physician   ☐ Physician Office Staff   ☐ Allied Health Professional

*Physician office staff and Allied health professionals require a sponsoring signature to approve request.

Request is for: ☐ New User Access   ☐ Modify existing access (explain below)

Request notes:_____   Current network ID (if any): _____

Please complete the section below (all fields required)

Name: [First]_____ [M]_____ [Last] _____

Practice Name:_____ Credentials (i.e. MD, RN): _____

Office Address:_____Suite #:_____Phone: _____

City:_____State:_____Zip:_____Office Manager: _____

Email Address*(**required**):_____Specialty: _____

☐ (Physicians & Allied Health Professionals Only) I would like a Methodist email address (i.e. jdoctor@houstonmethodist.org)
   I would like to be contacted via my (check one):   ☐ Personal email   ☐ Methodist email for future communications.

Please list Physicians in your practice with whom you have an association			
Physician	Med Staff #	Physician	Med Staff#

_____   _____
Signature of applicant   Date

_____   _____
Printed name of Physician (if signing for staff member)   Signature of Physician (required)   Date

I understand that through my work or association with Houston Methodist Hospital (Methodist), I have an ethical and legal responsibility to protect the privacy of all patients and employees and to safeguard the confidentiality of their health and other sensitive information. This protection also extends to members of Methodist's health plans. In addition, I understand that Methodist Information Systems and all Methodist confidential and proprietary information are to be regarded as valuable resources. I will provide all necessary safeguards for the information to be kept secure from theft, misuse, and unauthorized reproduction, modification, or destruction. I understand that the Methodist Information Technology Division conducts information system security checks and that certain activities, such as unsuccessful log-in attempts, email usage, or Internet usage, may be monitored.

I understand that failure to comply with this agreement may result in the termination of my employment or association with Methodist and/or civil or criminal legal penalties.

I AGREE THAT I WILL:
1. Not disclose confidential or proprietary information to any individuals who are not authorized to receive the information or to those who do not have a legitimate need to know in order to provide patient care or to carry out their duties with Methodist.
2. Protect the privacy and confidentiality of our patients, employees, and members of our group health plans.
3. Not disclose or share any confidential information, even if I am no longer associated with Methodist.
4. Not access, change, or destroy confidential or proprietary information except as required to perform my job or service.
5. Know that my use of Methodist Information Systems to access confidential information may be audited and that Methodist may take away my access at any time.
6. Dispose of documents or other media when no longer needed, in a way that protects confidentiality (shredding, etc.). I will follow the correct department procedure, where applicable.
7. Access only levels or components of the Information System as assigned to perform my job or service.
8. Keep my password(s) secret and not share it (them) with anyone. If I suspect that my password is known, I will immediately change it so as not to compromise computer security.
9. Not install, transmit, or download from the Internet onto any Information System of Methodist, any unauthorized or unlicensed software, or material protected by copyright.
10. Not make unauthorized copies of Methodist software.
11. Log-off or secure my workstation, when unattended, according to departmental policy, where applicable.
12. Adhere to warnings about computer viruses and perform virus scan updates as directed.
13. Not transmit or display abusive, discriminatory, harassing, inflammatory, profane, pornographic or offensive language or other such materials over or on any Methodist Information Systems.
14. Report log-on or other system problems to the Information Technology Division Help Desk.
15. Use Methodist Information Systems wisely to conserve costly space on the server.
16. Abide by the provisions of this agreement if granted remote access to any Methodist Information System.
17. Use Methodist Information Systems equipment for the sole purpose of performing my job or services except on occasion for minimum personal use.
18. Immediately report any violations of these provisions to a manager or Business Practices Officer.
19. Participate in on-going Information Security Training as directed.
20. Review the Methodist Information Security Agreement for renewal periodically as directed.
21. Comply with Methodist Policy IM01 – Acceptable Use of Computing Resources.

I have read and understand the above and hereby agree to these provisions as a condition of my employment, contract, service, association or work with Methodist and these procedures will be enforced through monitoring mechanisms and random auditing. Violations of any guidelines may result in disciplinary action up to and including termination of Methodist's relationship with the violator.

Signature: _____   Date: _____

Printed Name: _____   Methodist Entity Name: _____

Department: _____   Location: _____

Vendors, contractors, students, or others as appropriate, specify company, school: _____