

SOUTHERN PHILIPPINES MEDICAL CENTER
J.P. Laurel Ave., Bajada, Davao City
INTEGRATED HOSPITAL OPERATIONS AND MANAGEMENT PROGRAM

USER ACCOUNT FORM

Date : _____

Type of System: ☐ HIS ☐ PACS ☐ ENGAS ☐ DTR ☐ Others
☐ WRIS ☐ Manage Anywhere ☐ EHR

Request: ☐ New Registration username: _____
☐ Update Permission ☐ Reset Password
☐ Locked User Access ☐ Deactivate Account (Effectivity Date: _____)

Module/access permission: _____

Name of Employee: _____ License No.: _____
(Print Name / Job Function)

Employee's Signature: _____ Department/Ward: _____

Approved by : _____ Remarks : _____
(Section Head/Head Nurse/Chief Resident)

Serviced by: _____

Date: _____ Time: _____ A.M./P.M. _____ A.M./P.M.

(Note: Your signature as indicated, signifies that you have fully read and understood the Confidentiality Clause provided at the back of this form)

SPMC-F-IHOM-07

Effectivity: June 1, 2017

Rev. 3

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Confidentiality Clause:

Hospital System confidentiality is a fundamental concern of the SPMC. In such case, all kinds of hospital information / data must at all times be protected, as I declare:

- That I am bound by the common duty law of confidence ;
- That it is my duty to protect the Hospital System confidentiality as imposed by the SPMC ;
- That I must hold in strict confidentiality all the information relating to SPMC including its patients and its employees ;
- In the event of any violation of the provision of this Confidentiality Clause, I shall be subjected to Administrative proceedings or Criminal Charges, whichever may be applicable;
- That in case of retirement, resignation or any form of separation from SPMC, I will be required to have a clearance with the IHOMP.

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