SOUTHERN PHILIPPINES MEDICAL CENTER

J.P. Laurel Ave., Bajada, Davao City

USER'S ACCOUNT REGISTRATION FORM

Date :			
Name of Employee :			
ob Function :		License No. :	
Department /Ward:			
Employee's Signature :			
Summary of Request (type of syste	em / access permission)		
Approved by :(Section Head/Hea	nd Nurse/Chief Resident)	_	
Registered by :	ature / Date)	Remarks :	
(Print Name / Signa	ature / Date)		
(Note: Your signature as in Confidentia	lity Clause provided at the b	ack of this form)	
	Effoctivity: Octobor 1	2013	Rev. 0
SOUTH	Effectivity: October 1, ERN PHILIPPINES MEDICA J.P. Laurel Ave., Bajada, Davac	_	
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SOUTH US Date:	ERN PHILIPPINES MEDICA J.P. Laurel Ave., Bajada, Davad SER'S ACCOUNT REGISTRATION	o City N FORM	
SOUTH US Date: Name of Employee:	ERN PHILIPPINES MEDICA J.P. Laurel Ave., Bajada, Davad SER'S ACCOUNT REGISTRATION	o City N FORM	
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	ERN PHILIPPINES MEDICA J.P. Laurel Ave., Bajada, Davad SER'S ACCOUNT REGISTRATION em / access permission) ad Nurse/Chief Resident)	o City N FORM License No. :	

SPMC-F-IHOM-07 Effectivity: October 1, 2013 Rev. 0

Confidentiality Clause:

HIS 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 HIS 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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