**IM-IS-003   IT Acceptable Use Agreement**

Approval Source:  IT, HIM

I request access to Great Plains Regional Medical Center's information systems for the purpose of performing tasks associated with my job/position.

GPRMC's Acceptable Use Policy is located in the policy library on the Intranet. Printed copies are available on request in the IT Department.

I understand that I am responsible to read and comply with the Information Technology Acceptable Use Policy.

I acknowledge that any actions by me to access information in the information system or any other records shall be only for purposes consistent with the Medical Center's mission and applicable policy or law.

**I will not release any protected health information** without written authorization from the patient and the appropriate administrative approval.

**I will not access any protected health information** without a valid reason to access the heath information. Access to protected health information is limited to those with a specific need to know.

**I will not access my own or my family's health information** unless needed to perform my duties. Access to any part of a patient record without a valid reason to access that record is prohibited. Access to patient records is limited to those with a specific need to know.

I understand that any violation of the policies referenced above is considered a serious violation of GPRMC policy that could result in disciplinary action, up to discharge from employment.

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**User Signature:** (REQUIRED)                Date

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**Department Director Signature:** (REQUIRED)        Date

**IT Department, Completed by:**_____**Date:**_____

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**Please fully complete this section**

First Name: _____

Middle Name: _____ (Required)

Last Name: _____

Cell/Home#:_____

Personal Email: _____

Pin: _____ (Required)
    (**Any** 4 digit numeric code for phone system)

Job Title: _____

Dept:_____ Extension:

Start Date: _____

Students, Contract Staff, and Interns must be given a termination date:

Termination Date: _____

Complete below for change of status and transfers:

Previous Job Title: _____

Previous Dept.: _____

Other Comments:

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- IT Use ONLY -

Meditech ID:_____          Network ID: _____

Email Address:_____          PACS ID _____

MedDispense ID: _____          eClinicalworks: _____