

Quincy Medical Center

114 Whitwell Street
Quincy, MA 02169

Purpose of this form: To request **Remote Citrix Access** to MEDITECH or PACS Imaging for QMC Medical staff physicians and office staff. If you already have a MEDITECH user account, then use this form to request remote access from your office or from home via Citrix.

***One form per person**

QMC INFORMATION TECHNOLOGY PASSWORD/CONFIDENTIALITY ACCESS FORM

(Also required for office staff working under the direction of a Physician)

Authorizing QMC On-Staff Physician's Signature

Physician's name (print)

Physician office _____ Telephone _____ Date _____

User Name (PRINT) _____

Office Position _____ Effective Date _____

Please provide an Email address to contact you with instructions: _____

Action (check appropriate box(es)):

_____ **Setup Citrix Remote Access** (individual web based access from any PC)

Needed for MEDITECH? YES _____ No _____

Needed for PACS Radiology Imaging? YES _____ No _____

PHYSICIAN: PLEASE COMPLETE THIS FORM AND RETURN IT TO : FAX# 617-376-5473
NEXT STEPS: WE WILL CONFIRM YOUR INFORMATION AND IDENTIFY, AND, SEND YOU INSTRUCTIONS.

Quincy Medical Center values the confidentiality of hospital information, including patient, employee, and other data contained in the Medical Center's Information Systems. Among the safeguards is a system of codes and passwords, which identify the user and his or her privileges in the computer system.

SECTION I – USER'S SIGNATURE - BASIC COMPUTER ACCESS FOR ALL USERS

This password identifies you by name and records all of your activity in the computer. Application for a password signifies acceptance of the responsibilities associated with the password. These are defined in the Hospital's Policy and Procedure Manual under the heading of "Password Security" (Manual code: P-8-1). This can be made available for your review at anytime once requested by the IT Department.

I have read and understand the above-mentioned policy and procedure. I agree to abide by its terms and conditions.

Name: _____ Dept: _____

(print)

Signature: _____ Date: _____

PLEASE READ AND SIGN THE CONFIDENTIALITY STATEMENT ON THE BACK OF THIS FORM.

CONFIDENTIALITY STATEMENT FOR EMPLOYEES AND OTHER USERS

In keeping with Massachusetts Law, Chapter 111, the Principles of Ethics of the AMA and Hospital Policy, all users of the Quincy Medical Center Information System are reminded that records pertaining to patient care are confidential, whether in hard copy, film or computerized form. Unauthorized access, use, or disclosure is strictly prohibited. Access to all patient information without specific written patient authorization is provided only on a need-to-know basis defined as, "essential to the performance of your job", without exception.

The Quincy Medical Center Information System contains activity-monitoring capabilities that document user activities. Random audits will be conducted and this information will be used to ensure that patients' rights of privacy and confidentiality are maintained.

System user codes are issued on a private individual basis, are not to be shared with anyone else, and are the responsibility of the individual recipient. If you suspect the security of your code has been violated, contact Information Systems immediately; your old code will be cancelled and a new one issued.

Violation of the Confidentiality Agreement will result in appropriate disciplinary action.

I have read and understand the above statement. I am aware that unauthorized disclosure of medical record information is prohibited by State and Federal Laws.

User Signature

Date

Physician's Office Practice Name

PRINT YOUR NAME: _____