

EPIC/PCIS Security Access Request Form



EMPLOYEE INFORMATION						
Last, First Name			Job/Title			
Dept/Division			Location			
Phone #			Employee Start Date			
Date of Birth			City of Birth			
USF Health Network (HSCNet) Username			USF Health (HSCNet) Email Address			
<input type="checkbox"/> Billing Provider <input type="checkbox"/> Scheduling Provider			U Number (located under USF badge photo)			
TYPE OF REQUEST <input type="checkbox"/> New <input type="checkbox"/> Existing / Modify			(If requesting to Reactivate, please enter EPIC/PCIS Username.)			
Have you ever had a TGH EPIC account?						
EPIC User ID			PCIS User ID			
Transferred to Department						
Legal Name Change to						
EPIC Job Function (Please select the job function based on employee's job responsibilities)						
Clinical Operations			Revenue Cycle Operations			
Physician			Billers/Coders/Financial Specialist			
Fellow/Resident			Scheduler/Call Center/Registration/Referrals/Front Desk- Staff			
Med Student/Pharm D Student		Year 1 or 2	Year 3 or 4	Scheduler/Call Center/Registration/Referrals/Front Desk- Supervisor		
Nurse Manager			Other			
Nurse			Department Secretaries			
Dietitian/Nutritionist			Scribe			
ARNP/ Physician Assistant			Help Desk Staff			
LCSW/LPC			Vendors/Consultants/Contractors			
Midwife			Medical Records Staff			
Medical Assistant/Lab Tech			Operations Staff			
Outside Surgeons (Non-Employee who uses Surgery Center)			USF IT Project Team			
Pharm D			Research Staff (see below justification)			
Psychiatrist			Other (Justification required before access can be granted)			
Psychologist			Enter justification/explanation below (if needed)			
Physical Therapist/Occupational Therapist/Speech Therapist						
Radiology Tech						
Athletic Trainer			Researchers requesting EPIC/PCIS access must also provide the following (check if attached):			
			Copy of LEARN Report			
			Human Subjects Protection Training			
			IRB Letter			
If applicable please fill out information below						
License #		DEA#	NPI#	Visiting	Start Date	End Date
				Visiting Medical Student		
				Visiting Resident/ Fellow		
PCIS Job Function (Please select the job function based on employee's job responsibilities)						
Provider			RCO Staff			
Medical Records			Other (Justification required before access can be granted)			
Clinical Care Specialist (Nurse, MA, LPN, RN)			Enter justification/explanation below (if needed)			
Financial Specialist						
Front Desk						
EPIC/PCIS Access Authorized By Department Supervisor (REQUIRED)						
Last, First Name			Phone #			
USF Health (HSCNet) Email			Title			
Supervisor Signature *			Date			

***An authorized signature is required to process this form. Unsigned forms will result in access being delayed.**

Once you have completed form please verify that it contains the HSCNet account to be able to be complete your request then click icon below to print, sign and fax to (813) 396-9619 or email to PCISecurity@health.usf.edu

**USF HEALTH
EPIC/PCIS USE AND SECURITY AGREEMENT**

Print all of the following required information:

Full Name	Email	Phone w/ area code
Position	Department/Unit	
Supervisor Name	Email	Phone w/ area code

The EPIC and Patient Centric Information Solutions (PCIS) systems contain confidential patient information protected under the Health Insurance Portability and Accountability Act (HIPAA) and other Federal and State laws. EPIC/PCIS includes all USF HEALTH electronic systems containing patient information, including, but not limited to the EPIC/TouchWorks/Allscripts electronic health records system; Flowcast/IDX patient management system; Picture Archiving and Communications System (WebPACS); Radiology Information System (RIS); GE Centricity Peri-Op system; and GE Viewpoint system. All USF HEALTH electronic medical records are owned by the University of South Florida. As an authorized user of EPIC/PCIS, I acknowledge, agree and shall adhere to the following:

1. I am required to protect and maintain the integrity and privacy of information contained in the EPIC/PCIS system.
2. I will maintain the confidentiality of my EPIC/PCIS login and password, and will not share such with others.
3. I will not allow unauthorized viewing of data under my login.
4. I will not allow anyone else to create, edit or sign entries under my login or password.
5. I will not create, edit or sign entries under any login or password other than my own.
6. I will log out of EPIC/PCIS whenever leaving a terminal which I am logged into.
7. I understand that as an EPIC/PCIS user, I may be able to access information that I do not have a right to access, and it is my responsibility to limit my access to only that data needed to perform my assigned duties.
8. I understand that I am not permitted to access any patient record except as authorized to perform my assigned duties.
9. I understand that EPIC/PCIS contains the legal medical record owned by the University and Tampa General Hospital, and that I am not permitted to remove information from EPIC/PCIS except in accordance with applicable policies and procedures.
10. I will report to the USF Health Information Services Help Desk (813) 974-6288 any EPIC/PCIS access or functionality problems and any incident wherein my password has been seen, disclosed, or otherwise compromised.
11. I understand that EPIC/PCIS contains a record of all actions made under my login/password, and that my actions may be audited.
12. I understand that any breach of security or unauthorized use of the EPIC/PCIS system is grounds for disciplinary action in accordance with policies applicable to my position and/or status as an authorized EPIC/PCIS user.
13. I will notify the USF HEALTH Professional Integrity Office (813) 974-2222 of any activity that violates this agreement or privacy standards, or any incident that could have any adverse impact on confidential information.

Signature

Date

Updated September 2015