EPIC/PCIS Security Access Request Form

USF Health Information Systems

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
Required for ALL Providers. Including Midlevels Billing Provider: Yes ☐ No ☐ Scheduling Provider: Yes ☐ No ☐	U Number (located under USF badge photo)

TYPE OF REQUEST ☐ New ☐ 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):		
	Cardiology Echo Tech				*Copy of LEARN Report*	
	Audiologist				*Human Subjects Protection Training*	
If applicable please fill out information below					*IRB Letter*	

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 FOR AUTHORIZED SIGNER ONLY**

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 email both forms to epicsupport@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 January, 2016