

## EPIC Registration Instructions

If a resident or fellow does not have Epic access or has never gone to training, please complete the USF EMR Security Access Form and Use Agreement form below. As an example, if you have trainees in their 2nd or 3rd year of training who have **never received EPIC training** or **6 months have passed since their EPIC training**, then they need to be trained and this form must be sent in advance. Please collect program director signature for the supervisor fields.

Next step is to upload a copy of the completed form to USF Health IS using the Epic & GE Training link below. The Epic & GE Training page will also provide you with a calendar of upcoming training dates.

Epic & GE Training Link: <https://agile.health.usf.edu/serviceesk/customer/portal/7/create/225>

Please note that the process described above does not apply for incoming residents and fellows.

## USF Epic Security Access Request Form

EMPLOYEE INFORMATION					
Last, First Name			Job/Title		
Epic Department Name/ID for Schedule:			Location		
Phone #			Employee Start Date		
Date of Birth			City of Birth		
USF Network (NetID) Username			USF (NetID) Email Address		
Required for ALL providers, including midlevels. Billing Provider: Yes <input type="checkbox"/> No <input type="checkbox"/>			U Number (located under USF badge photo) Scheduling Provider: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>TYPE OF REQUEST</b>		(If requesting to Reactivate, please enter Epic Username.)			
<input type="checkbox"/> New <input type="checkbox"/> Existing / Modify					
Have you ever had a TGH Epic account? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, what was your Epic ID?		
Transferred to Department:			Legal Name Change to: <b>Epic</b>		
Job Function (Please select the job function based on employee's job responsibilities)					
Clinical Staff			Revenue Cycle Operations		
Physician			Financial Specialist/PSR/Front Desk <b>without</b> Cash Drawer		Financial Specialist/PSR/Front Desk <b>with</b> Cash Drawer
Hospitalist (I.e..St. Joes/Moffitt/VA/TGH)			Financial Specialist/PSR/Front Desk <b>with</b> Cash Drawer and <b>Deposit Tool</b>		Financial Spec/Front Desk Supervisor Manager with Cash Drawer
Medical/Pharm D/ARNP Student		Year 1 or 2	Year 3 or 4	Claims Manager Team (DLS)	
Resident/Fellow			Authorization Specialist		Medical Coder/Biller
Dietitian/Nutritionist			Insurance Claims Resolution Specialist		Payment Posting Specialist
ARNP/ Physician Assistant			Registration Specialist (3 <sup>rd</sup> Floor RCO Only)		Provider Enrollment Specialist
LCSW/LPC			Manage Care Team		RCO Supervisor (3 <sup>rd</sup> Floor RCO Only)
Midwife			Finance and Accounting		RCO Managers/Director
Nurse		Nurse Supervisor		Patient Services – No Refund Approval	
Medical Assistant			Patient Services – Level 2 Refund Approval		View Only
Phlebotomist			Other:		
Pharm D					
Psychiatrist			Clinical Operations (If requesting Research, please include IRB letter with Request)		
Psychologist			Research Staff/Coordinator (Needs to include IRB letter when requesting Epic access)		
Audiologist			PIO/Compliance		Dept Administrator / Clinic Managers
Physical / Occupational / Speech / Respiratory Therapist			Medical Records Staff		Smoking Cessation
Speech Language Pathologist			Scribe		View Only
Tech (Radiology, Echo, EYE, MOS, Vascular, Pathology, Sonographer)			Department Schedulers		Other:
Ophthalmology EYE Photographer			Access Center		
Athletic Trainer			Call Center Agents (I)		Referral Services Agent (II)
Outside Surgeons (non-Employee who uses Surgery Center)			Template Builder		Access Center Analyst
If Applicable please fill out information below			SHS, CSD and Early Steps All SHS and CSD will receive a Cash Drawer		
NPI #		DEA#		License #	
			CSA/Front Desk Check In Manager		Financial Specialist / Biller / Claims Early Steps Biller/Coder
Visiting Medical Student or Resident/Fellow			Other:		
Visiting Medical, SLP, ARNP, Pharmacy Student		State Date		End Date	
Visiting Resident / Fellow			Vendors/Consultants/Contractors/Auditors		USF IT Clinical Systems
			Collections		Other:
Access Authorized By Department Supervisor REQUIRED FOR AUTHORIZED SIGNER ONLY					
Last, First Name			Phone #		
USF Health (NetID) 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 NetID account to be able to be complete your request then email both forms to [epicsupport@usf.edu](mailto:epicsupport@usf.edu)

**USF HEALTH  
Epic USE AND SECURITY AGREEMENT**

*Print all of the following required information:*

Full Name	Date of Birth	Phone w/ area code
Applicant Email	City of Birth	
Position	Department	
Supervisor Name	Supervisor Email	Supervisor Phone

The Epic and other clinical software applications contain confidential patient information protected under the Health Insurance Portability and Accountability Act (HIPAA) and other Federal and State laws. These clinical software applications includes all USF HEALTH electronic systems containing patient information, including, but not limited to the Epic, electronic health records system; GE Centricity Business patient management system; Picture Archiving and Communications System (WebPACS); Radiology Information System (RIS); HST; Provation; Digisonics; and GE Viewpoint system. All USF HEALTH electronic medical records are owned by the University of South Florida. As an authorized user of Epic/GE, 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/GE system.
2. I will maintain the confidentiality of my Epic/GE 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/GE whenever leaving a terminal which I am logged into.
7. I understand that as an Epic/GE 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/GE contains the legal medical record owned by the University and Tampa General Hospital, and that I am not permitted to remove information from Epic/GE except in accordance with applicable policies and procedures.
10. I understand that any unauthorized access by me to USF/TGH Epic, and GE records will result in termination of my access to those records.
11. I will report to the USF Health Information Services Help Desk (813) 974-HELP (4357) any Epic/GE access or functionality problems and any incident wherein my password has been seen, disclosed, or otherwise compromised.
12. I understand that Epic/GE contains a record of all actions made under my login/password, and that my actions may be audited.
13. I understand that any breach of security or unauthorized use of the Epic/GE system is grounds for disciplinary action in accordance with policies applicable to my position and/or status as an authorized Epic/GE user.
14. 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.

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Signature

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Date