

PICIS Security Agreement

PURPOSE:

To protect the confidentiality, integrity and security of patient information in the electronic perioperative medical record (EMR) accessed via PICIS, through the use of a unique and private user identification code/username and password.

POLICY:

Healthcare information can be accessed by authorized persons to support patient care, peer review, quality improvement, risk management, reimbursement claims, clinical research, education and other legitimate requests. Any unauthorized use or disclosure of patient information is strictly prohibited. Access to various categories of patient information is based on need and defined by job title and function. OCIO-IS reserves the right to refuse access to the electronic medical record until proof of authorization is obtained.

Authorized persons will be issued a unique user identification code and password. The username provides appropriate access levels and serves as an electronic mechanism for tracking/auditing access and entries to the EMR. **THESE ARE PRIVATE IDENTIFICATION CODES AND ARE NOT TO BE SHARED OR MADE PUBLIC.** Users must sign off or exit a PICIS application before leaving the workstation. If a user has any reason to believe that his sign-on code has been shared or compromised, he must immediately change his/her PICIS password and report the incident to his/her supervisor. Upon termination of employment with MUSC or its affiliates, the user's sign-on code will become inactive.

Failure to abide by the above policy can result in disciplinary actions including the discontinuation of computer privileges, job termination and criminal charges. (See Policy C-27 of the MUSC Medical Center Policy Manual)

PROCEDURE:

1. **Obtain a Security Agreement** from a preceptor, unit educator, or other designated department coordinator. Security Agreements can be printed from the OCIO-IS web page <http://www.musc.edu/infoservices/forms>.
2. **Complete all fields of the PICIS Security Agreement, then sign and date the form.** Failure to do so can result in a significant delay in processing your request.
3. **Return the completed form to PICIS Office 510 RTX** Forms may be faxed to **792-7508**, or sent via campus mail to PICIS Team 510 Rutledge Tower Annex
4. **Present ID and pick up new sign-on code.** Employees, faculty, house-staff, and students must present their official MUSC employee identification badge to receive their code.
5. **Please direct all questions or problems, i.e., forgotten password, to the PICIS Help Pager 17348**
6. **Application Requested:** _____ **OR Scheduling** _____ **OR Manager** _____ **Anesthesia Manager** _____ **PACU Manager**

FULL Name: _____ Credentials: _____
 (PLEASE PRINT) (RN, MD, CA, PCT, RT, etc.)

SSN: _____ DOB: _____ Phone: _____ Job Title: _____

Department/Division: _____ Unit: _____

Department Chair/Supervisor: _____ Phone: _____

Sponsor's Signature (*required if non-MUSC employee*): _____ Date: _____

NetID: _____ Email Alias: _____

Your signature below indicates that you have read and agree to comply with the above policy and procedure.

Signature: _____ **Date:** _____

For Office Use Only PICIS LoginID: _____ UID: _____ Temp Password: _____
 Date Trained: _____ Analyst's initials: _____ Date Completed: _____