



## Scripps Care Link Access Request Form

Name	Add name of user requesting access; last name, first name					
Contracted Provider	This is the name of the entity contracted with SHPS					
Contracted Provider Tax ID	This is the number listed on the Contracted Provider's W9					
Contracted Provider NPI	This is the NPI for the Contracted Provider listed in column 3					
Are you a Practitioner?	Are you the Provider or Physician at your facility					
Practitioner NPI	Enter your Practitioner NPI					
Practitioner Specialty	Enter the specialty or the specialty of the provider you are associated with if they are not the same					
User Role	Enter your role: front desk, office admin, billing...etc	Referral Entry	Referral View	Claims View	Eligibility View	Site Administrator
Address	Office address and phone information. This is the address of the office where you are physically located, . Please note phone number format and this must be your direct line. If you have an extension number please preceded your extension number with and x as seen in the example below.					
Phone						
Fax						
Email						
Confidentiality Agreement	Please complete the Confidentiality Agreement and send it along with this access request to <a href="mailto:Cabrera.elvia@scrippshealth.org">Cabrera.elvia@scrippshealth.org</a>					

Please return completed form attached with the Confidentiality Agreement to: [provrelcontract@scrippshealth.org](mailto:provrelcontract@scrippshealth.org) or fax to 858-260-5851



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## Information Systems Access Request

### Affiliated Providers

#### 1. Request Type:

Add

2. Type of Terminal: Remote Access

#### TIN:

9. Last 4 digits off Social Security Number: \_\_\_\_\_

10. Date of Birth \_\_\_\_\_

### SHPS - Enterprise-wide Data Security Policy

#### Policy:

All data, electronic or paper, resident within the many SHPS communications and computer systems, including personal computers, intelligent workstations, telecommunications devices, voice mail, networks, servers, and any storage media, is the sole property of SHPS and/or specifically designated partners and affiliates of these entities. Data and communications pertaining to the daily operation of SHPS, or to their patients, but resident on privately owned personal systems, shall be considered to be data owned by SHPS and, as such, is subject to the policies and regulations set forth in the SHPS Policy and Procedure Number 903 and this and other relevant documents. Permission to access data may be granted to Affiliated Providers under the following conditions:

#### Guidelines: (each condition must be read and initialed)

\_\_\_\_\_ Permission to access data may be granted for the purposes of gathering information or updating records only during the normal performance of a Affiliated Providers job. Regular audits of access are conducted on all systems.

\_\_\_\_\_ Voice mail and messaging systems, including the Internet, are intended as business communications tools. Use of these systems for solicitations, private or public announcements not pertaining to business is prohibited. Profanity, abuse, threats, gossip, or personal information constitutes a misuse of these systems. Affiliated Providers should not expect any privacy in their communications over the Internet or any other communication systems. Unauthorized uses of Internet based services are strictly prohibited.

\_\_\_\_\_ Affiliated Providers shall not disclose sensitive, confidential information or data, either specific or aggregate, which is owned, controlled, or protected by SHPS without the express permission of the owner, steward, or guardian of that information. Methods of disclosure may include, but are not limited to, data transfer or transmission, verbal or written disclosure, news release, documents left in full or partial view including unattended, connected computer workstations.

\_\_\_\_\_ Unauthorized access to medical information is prohibited by law (California Civil Code, Section 56). This includes all medical information whether in the medical record or on a computer. Access to one's own medical record must be requested in writing through the Health Information Department.

\_\_\_\_\_ Access codes, and passwords are strictly confidential and may not be disclosed or shared by anyone.

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\_\_\_\_\_ Failure to log off from a terminal when your work is completed allows unauthorized system access by others. Employees with workstations in public areas must invoke password protected video display protection or logoff from their workstations when leaving the immediate area.

SECURITY AGREEMENT: I have carefully read and initialed each condition in the policy stated above and I acknowledge that my signature affixed to this agreement constitutes acceptance of the terms listed therein and an agreement to abide by them. I understand that the agreement applies to all SHPS communications & computer systems and that violation of any of the terms of this agreement may result in actions up to and including termination of my contract agreement with SHPS.

11. **User Signature:** \_\_\_\_\_

12. **Date:** \_\_\_\_\_

SUPERVISORY/MANAGERIAL APPROVAL: I certify that this Affiliated Provider is a bona fide representative of the Scripps Clinic under my supervision and has a valid business reason for this request. He/She is duly authorized by me to secure access to the Scripps Clinic System(s) named above.

13. **Supervisor's Name (please print):** \_\_\_\_\_

14. **Department:** \_\_\_\_\_

16. **Supervisor's Signature:** \_\_\_\_\_

17. **Phone Number:** \_\_\_\_\_

18. **Date:** \_\_\_\_\_