

PURPOSE OF THIS FORM

This form is to be filled out legibly and in its entirety, and submitted to HSN's Privacy Office in order to grant remote user access to HSN's HCIS.

E-mail completed form to: privacyoffice@hsnsudbury.ca

OR

Fax completed form to: (705) 523-7075 with attention to Privacy Office

OR

Mail completed form to: Health Sciences North/Horizon Santé-Nord
Sudbury Outpatient Centre - Privacy Office
865 Regent St South
Sudbury, Ontario P3E 3Y9

Organization's Authorized Requester:	
Name of Individual Requesting Access:	
Position/Job Title of Applicant:	
Office Phone:	Office Email:

If applicant is a Regulated Health Professional (RHP), indicate all credentials:

<input type="checkbox"/> Registered Nurse EC	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Midwife	<input type="checkbox"/> Physician/Surgeon	<input type="checkbox"/> Other (specify):

Please select applications to which access is required.

<input type="checkbox"/> Citrix	<input type="checkbox"/> IMPAX
<input type="checkbox"/> Meditech EMR	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Mosaik (all requests must include applicant's middle initial)	
Why does the applicant require access to HSN's HCIS?	

Is the applicant currently employed at HSN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the applicant ever been employed at HSN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the applicant ever had remote access to HSN's HCIS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes to either question above, what is/was the applicant's Meditech mnemonic?	

Upon access being granted you will receive a training package that will be your responsibility to review to ensure that you are using the system correctly and for the purposes that access was intended.

Accessing HSN's HCIS for any purpose other than that which it was granted (i.e. research, education, curiosity) is prohibited and will be deemed 'unauthorized'. Failure to adhere to the provision of the RUA may result in suspension and/or permanent revocation of authorization to access HSN's electronic information systems.

By signing this form you indicate that you have read and will abide by HSN’s Remote User Agreement and Confidentiality Agreement and will comply with all legislated requirements.

REMOTE ACCESS USER AGREEMENT

The following terms and conditions apply to all users who access the shared information system remotely.

1. Permission to access HSN’s HCIS is only for the provision of direct patient care in accordance with the *Personal Health Information Protection Act, 2004* (PHIPA).
2. The user agrees to log off the HCIS and not leave the computer unattended when not in use.
3. All usernames and passwords are to be kept confidential and only used by the user to whom they have been issued.
4. All data within HSN’s HCIS, including workstations, networks, servers, and any storage media, are the sole property of HSN. Data pertaining to the daily operations of HSN or to its patients, but resident on privately owned personal systems, shall be considered to be data owned by HSN and, as such, is subject to the policies set forth in this and other relevant documents.
5. The user will not disclose sensitive, confidential information or data, whether specific or aggregate, which is owned, controlled or protected by HSN without the express permission of the owner, steward or guardian of the information.
6. Users agree to refrain from storing confidential information on another mobile electronic device, including a computer, tablet, phone, etc.
7. In the event that the user prints reports from HSN’s HCIS, it is the HIC’s responsibility to have policies in place to ensure that PHI is retained and destroyed in accordance with PHIPA and associated regulations.
8. In accordance with PHIPA, HSN reports all privacy breaches to the Information & Privacy Commissioner, Ontario regulatory college (if applicable) and notifies all patients whose PHI has been accessed in an unauthorized manner. Any user responsible for a privacy breach is subject to corrective action, disciplinary action by regulatory college (if applicable) and/or legal action, as determined by the requesting HIC of the remote user.
9. If the user is **aware** of or **suspects** a privacy breach, he/she **MUST** report it to the privacy delegate of the HIC and to the Privacy Office at HSN immediately.

Signature of authorized requester:	Date:
Signature of Applicant:	Date:

HSN USE ONLY

I/T Service Desk Incident Number:	Date Received:
Applicant Meditech Mnemonic:	Expiry Date:
HSN Privacy Office Signature:	
Additional Access Requested:	Approved/Declined by: