

Norman Regional Health System (NRHS)

Remote Access Request Agreement

Request Type: NRHS Employee Non-NRHS Employee Provider Referral Provider

System/Application Access: I need a new account I already have an account with NRHS: Enter login name: _____

Check the applications that you are requesting access to. If it is not listed here, then enter it in the "other" field.

Meditech NRHS eCW Referral Provider Other: _____

Remote Desktop (NRHS Only) - Device name: _____

Remote Access is requested for purpose(s) of: _____

I hereby request that Norman Regional Health System (NRHS) grant me access to NRHS's Network and/or Computer Systems, hereafter referred to as "NRHS's Network". I certify that I have reviewed the [Remote Access Policy](#). I hereby agree that I will limit my access to patient records within the NRHS computer systems to the minimum necessary as defined by HIPAA. I will not share my login or password with anyone.

I affirm that I will not divulge protected health information (PHI) to any unauthorized person. Neither will I directly or indirectly use, or allow the use of, NRHS data for any purpose other than that directly associated with my duties. I understand that all NRHS's Network data is confidential, and any violation of the confidentiality statement is cause for immediate termination of access to NRHS's Network.

I understand that by violating this agreement, I shall subject myself to criminal and civil penalties, fines, and court actions. I further agree to indemnify NRHS of any liability it may incur as the result of my improper use or disclosure of confidential information and the violation of this policy.

Applicant

First Name *Last Name* *Title/Position*

Organization Name/Address *Telephone #*

Email Address (Organization) *Applicant's Signature*

Date *Replacing someone who had access NRHS?* No Yes *Name of previous employee*

Security Verification:

Home Zip Code *Last 4-digits Social Security Number* *Date of Birth (MM/DD/YYYY)*

Approval

I, as the above employee's Manager/Employer, hereby request access for this employee. I understand that, I am responsible for their actions while accessing the NRHS Network and for their compliance to this policy.

Authorizing Signature

Printed Name/Title

Organization Telephone #

Organization Email Address

NRHS Use Only

(Must be authorized by Director or Manager of Health Information Technology)

Authorizing Signature

Printed Name/Title

Date

Approval

Provider Office staff: Provider (employer) must sign Approval.
NRHS Employees: Manager/Director must sign Approval.
Contracted Vendors: NRHS contracting department must sign Approval.

User Account Information

Everyone requiring remote access will need an individual login account. Accounts are NOT to be shared. If an account is determined to have been shared, it will be disabled. A new account may be issued subject to management approval.