

UCLA HEALTH Medical Information Technology Services / 176746 10880 Wilshire Blvd., Suite 600 Los Angeles, CA 90024 Phone: (310) 267-4560 / Fax: (310) 794-7895	NON-EMPLOYEE ACCESS REQUEST FORM	ServiceNow RITM# :
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PLEASE TYPE (or print legibly) REQUIRED INFORMATION BELOW.

(1) LEGAL NAME (Last/First/Middle Initial) [REQUIRED]	(2) TITLE / ROLE [REQUIRED]	(3) TELEPHONE (Work) [REQUIRED] ()
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PLEASE CHECK THE APPROPRIATE BOX:
 NEW APPLICATION ACCESS CHANGE INFORMATION CHANGE

(4) ORGANIZATION AND MAILING ADDRESS [REQUIRED] (Department/Room no./Building or Street Address/City, State & Zip)	(5) MOTHER'S MAIDEN NAME OR IDENTIFYING SECRET WORD [REQUIRED]
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(6) SPONSORING DEPARTMENT: _____ [REQUIRED] MANAGER / SUPERVISOR: _____ [REQUIRED]	(7) CONTRACT / APPOINTMENT END DATE: _____ [REQUIRED] <p style="text-align: right;">*End date cannot exceed 1 year</p>
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(8) **ACCOUNT(S) REQUESTED:**

NETWORK <input type="checkbox"/> AD Domain <input type="checkbox"/> Exchange <input type="checkbox"/> VPN	MAINFRAME/RACF <input type="checkbox"/> Mainframe / RACF Model: _____ (For PBS, FPG, or Financial Svcs)	FORMS PORTAL <input type="checkbox"/> Westwood <input type="checkbox"/> Santa Monica <input type="checkbox"/> NPH Level: _____	CareConnect <input type="checkbox"/> MUSE/EKG <input type="checkbox"/> OBIX/Fetal Monitoring <input type="checkbox"/> Cadence Scheduling <input type="checkbox"/> Cash Drawer Template: _____	EMPAC SELECT ONE ONLY <input type="checkbox"/> Requisition Requester <input type="checkbox"/> Requisition Approver <input type="checkbox"/> Other: _____
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<input type="checkbox"/> PACS	Extended Timeout: <input type="checkbox"/> Yes <input type="checkbox"/> No	Access Type: _____
<input type="checkbox"/> RIS-IC (Formerly IDX)	Default Org: _____	Access Type: _____
	Lock Manager: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Powerscribe	Access Group: _____	
<input type="checkbox"/> Allscripts BedXpress	<input type="checkbox"/> Ronald Reagan Hospital <input type="checkbox"/> Santa Monica <input type="checkbox"/> NPH	
<input type="checkbox"/> iCap	Specify iCap Group(s): _____	
	Type: _____	Role: _____
<input type="checkbox"/> OneStaff		

NOTES, COMMENTS, ADDITIONAL ACCESS, REQUESTS, EXTERNAL EMAIL ADDRESS:

UNAUTHORIZED COMPUTER USE:

Unauthorized use of Medical Enterprise computer equipment and/or data could result in the termination of my access. In addition, should I so misuse Medical Enterprise computer equipment and/or data, I further acknowledge and agree that the University has the right to, under its agreement with Epic Systems, remove me from work on all UCLA contracts. Such unauthorized use may also constitute grounds for either civil action (for restitution) or criminal prosecution by a third party other than University.

I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT:

 Applicant Signature [REQUIRED] Date [REQUIRED]

(9) AUTHORIZER [REQUIRED]	Please attach this form to your ServiceNow request
_____ / _____ Signature / Print Name Date	

Please do not modify this form. Include any additional access or comments on a separate page.

CONFIDENTIALITY AGREEMENT

Applies to all UCLA Health System “workforce members” including: employees, medical staff and other health care professionals; volunteers; agency, temporary and registry personnel; and trainees, housestaff, students, and interns (regardless of whether they are UCLA trainees or rotating through UCLA Health System facilities from another institution).

It is the responsibility of all UCLA Health System workforce members, as defined above, including employees, medical staff, house staff, students and volunteers, to preserve and protect confidential patient, employee and business information.

The federal Health Insurance Portability Accountability Act (the “Privacy Rule”), the Confidentiality of Medical Information Act (California Civil Code § 56 et seq.) and the Lanterman-Petris-Short Act (California Welfare & Institutions Code § 5000 et seq.) govern the release of patient identifiable information by hospitals and other health care providers. The State Information Practices Act (California Civil Code sections 1798 et seq.) governs the acquisition and use of data that pertains to individuals. All of these laws establish protections to preserve the confidentiality of various medical and personal information and specify that such information may not be disclosed except as authorized by law or the patient or individual.

Confidential Patient Care Information includes: Any individually identifiable information in possession or derived from a provider of health care regarding a patient's medical history, mental, or physical condition or treatment, as well as the patients and/or their family members records, test results, conversations, research records and financial information. (Note: this information is defined in the Privacy Rule as “protected health information.”) Examples include, but are not limited to:

- Physical medical and psychiatric records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples;
- Patient insurance and billing records;
- Mainframe and department based computerized patient data and alphanumeric radio pager messages;
- Visual observation of patients receiving medical care or accessing services; and
- Verbal information provided by or about a patient.

Confidential Employee and Business Information includes, but is not limited to, the following:

- Employee home telephone number and address;
- Spouse or other relative names;
- Social Security number or income tax withholding records;
- Information related to evaluation of performance;

- Other such information obtained from the University's records which if disclosed, would constitute an unwarranted invasion of privacy; or
- Disclosure of Confidential business information that would cause harm to UCLA Health System.

Peer review and risk management activities and information are protected under California Evidence Code section 1157 and the attorney-client privilege.

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care, risk management and/or peer review activities.
2. It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all medical records, proprietary information and other confidential information relating to UCLA Health System and its affiliates, including business, employment and medical information relating to our patients, members, employees and health care providers.
3. I shall only access or disseminate patient care information in the performance of my assigned duties and where required by or permitted by law, and in a manner which is consistent with officially adopted policies of UCLA Health System, or where no officially adopted policy exists, only with the express approval of my supervisor or designee. I shall make no voluntary disclosure of any discussion, deliberations, patient care records or any other patient care, peer review or risk management information, except to persons authorized to receive it in the conduct of UCLA Health System affairs.
4. UCLA Health System Administration performs audits and reviews patient records in order to identify inappropriate access.
5. My user ID is recorded when I access electronic records and that I am the only one authorized to use my user ID. Use of my user ID is my responsibility whether by me or anyone else. I will only access the minimum necessary information to satisfy my job role or the need of the request.
6. I agree to discuss confidential information only in the work place and only for job related purposes and to not discuss such information outside of the work place or within hearing of other people who do not have a need to know about the information.
7. I understand that any and all references to HIV testing, such as any clinical test or laboratory test used to identify HIV, a component of HIV, or antibodies or

antigens to HIV, are specifically protected under law and unauthorized release of confidential information may make me subject to legal and/or disciplinary action.

8. I understand that the law specially protects psychiatric and drug abuse records, and that unauthorized release of such information may make me subject to legal and/or disciplinary action.
9. My obligation to safeguard patient confidentiality continues after my termination of employment with the University of California.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. In the event of a breach or threatened breach of the Confidentiality Agreement, I acknowledge that the University of California may, as applicable and as it deems appropriate, pursue disciplinary action up to and including my termination from the University of California.

Dated: _____

Signature: _____

Print Name: _____

Department: _____

Access Request Form Care Connect - Clinical

NPIHARF@mednet.ucla.edu

USER'S NAME (Last/First) _____ ID: _____

CADANCE

CASHDRAWER

TEMPLATE (one ONLY):

LOG IN DEPARTMENT ID: _____ [see list for reference]

Ancillaries

- ADT UCLA NPH BED PLANNER
- ADT UCLA NPH PT ACCESS
- CADENCE UCLA, PSYCH CONF **DIRECTOR**
- CADENCE UCLA, PSYCH CONF MANAGER
- CADENCE UCLA, PSYCH CONF LEAD
- CADENCE UCLA, PSYCH CONF FRONT DESK
- AMB UCLA **SCRIBE** TEMPLATE
- AMB UCLA PARTIAL PSYCH MANAGER
- AMB/IP PARTIAL PSYCH PROG COORDINATOR

Nurse, QM, OT & RT

- IP UCLA NPH CASE MANAGER
- IP UCLA NPH NURSE MGR
- IP UCLA NPH ACP/CCP
- IP UCLA NPH NURSE
- IP UCLA NPH OCC THERAPIST/REC THERAPIST
- NEW UCLA QUALITY ASSURANCE/RISK MGMT
- IP UCLA NPH OCC THERAPIST ASST/RT ASST

Students (view only)

- AMB/IP UCLA **CLINICAL VIEW ONLY**
- AMB/IP UCLA **CLINICAL VIEW WITH NOTES**

Medical Records

- HIM UCLA NPH DIRECTOR
- HIM UCLA NPH MANAGER
- HIM UCLA NPH DEFICIENCY ANALYST
- HIM UCLA NPH ROI STAFF
- HIM UCLA NPH CODER
- HIM UCLA NPH FILE ROOM STAFF

Social Work

- IP UCLA NPH SOCIAL WORKER TEMPLATE
- AMB/IP UCLA **CLINICAL VIEW W/ NOTES**
- AMB/IP UCLA LICENSE CLINICAL SOCIAL WORKER
- IP UCLA **NPH** CASE MANAGER TEMPLATE

Genetics

- AMB/IP UCLA GENETIC COUNSEL

Psychologist & Fellows

- AMB/IP UCLA PSYCHOLOGIST
- AMB/IP UCLA PSYCHOLOGIST FELLOW
- AMB/IP UCLA PSYCHOLOGIST TRAINEE TEMPLATE

Marriage Family Therapists

- AMB/IP UCLA **ALLIED HEALTH PROFESSIONAL (AHP)**
- AMB/IP UCLA **AHP W/O CHARGE CAPTURE**
- AMB/IP UCLA MHP

APPROVAL (required):

User's Supervisor: By submitting this form, I certify that the user requires access to data within the above system(s) to perform their job duties. I understand that it is my obligation to ensure that adequate training is provided to the user in compliance with state and federal laws, and University policies governing access to information.

Supervisor signature: _____ Supervisor name: _____ Date: _____

Login Departments

Dept. ID	Dept. Name	Description	Dept. ID	Dept. Name	Description
10030	RR 4ICU	RRUMC 4 Intensive Care Unit	60493	PSY CAPPs	PSYCHIATRY 300 MED PLAZA SUITE 2200
30401	NP ECT	NPH Electroconvulsive Therapy	60497	PSY CNi	PSYCHIATRY 760 Westwood CFL Floor
30405	NP PHP EARLY CHLDHD	RNPH PHP Early Childhood	60501	PSY GEC	PSYCHIATRY 300 MED PLAZA SUITE 2200
30410	NP IOP ADLT OCD ANX	RNPH IOP OCD/Anxiety	60506	PSY DBS	PSYCHIATRY 760 Westwood Plaza B Flr
30501	RNPH HEALTH INFO MGMT SVCS	RNPH Health Information Mgmt Serv.	60510	PSY CHD TRAUMA PVT	PSYCHIATRY 760 Westwood Plaza B Flr
30511	NP OCCUPATIONAL THERAPY	Self Explanatory (SE)	60514	PSY MDC PVT	PSYCHIATRY 300 MED PLAZA SUITE 2200
30520	NP RECREATIONAL THERAPY	NP RECREATIONAL THERAPY	60518	PSY PED NEUROPSYCH	PSYCHIATRY 300 MED PLAZA SUITE 1100
30527	NP VOLUNTEERS	NP VOLUNTEERS	60522	PSY PSYCHOSIS	PSYCHIATRY 300 MED PLAZA SUITE 2200
30531	NP PSYCHOLOGY	NP PSYCHOLOGY	60526	PSY CHAMP CLINIC	PSYCHIATRY 760 Westwood Plaza 5FL
30005	NP 4E	Resnick Neuropsychiatric - 4 East Adult	60490	PSY ADC	PSYCHIATRY 300 MED PLAZA SUITE 2200
30402	NP PHP ADLT TRACK 1	NP PHP ADLT TRACK 1	60494	PSY CHD EVAL	PSYCHIATRY 300 MED PLAZA SUITE 1100
30406	NP IOP CHILD ADOL OCD	RNPH IOP Child Adolescent OCD	60498	PSY MPAC	PSYCHIATRY 760 Westwood Plaza C Flr
30412	NP PHP ADOL EATING DIS	NP PHP ADOL EATING DIS	60502	PSY NPBHS GERI PVT	PSYCHIATRY 300 MED PLAZA SUITE 1100
30502	NP PHARMACY	NP PHARMACY	60507	PSY BPD PVT	11075 SANTA MONICA, Suite 200
30512	NP PATIENT ACCESS	RNPH Patient Access	60511	PSY CHAMP PVT	PSYCHIATRY 760 Westwood Plaza B Flr
30522	NP RISK/QUALITY MANAGEMENT	RNPH Risk/Quality Management	60515	PSY MDC CLINIC	PSYCHIATRY 300 MED PLAZA SUITE 2200
30528	NP CLEARING ACCOUNT	RNPH IOP Adult Services	60519	PSY OUT PT STOESSEL	PSYCHIATRY 760 Westwood Plaza
30006	NP 4N	Resnick Neuropsychiatric - 4 North Adult/Geri	60523	PSY SIMMS MANN	200 MEDICAL PLAZA, Suite 502
30403	NP PHP ADLT TRACK 3	NP PHP ADLT TRACK 3	60527	PSY VNS	PSYCHIATRY 300 MED PLAZA SUITE 2200
30407	NP IOP ADULT SVC	RNPH IOP Adult Services	60491	PSY AUTISM CLINIC	PSYCHIATRY 300 MED PLAZA SUITE 1200
30413	PSY HOSPITALIST	PSYCHIATRY HOSPITALISTS	60495	PSY NPBHS CHILD PVT	PSYCHIATRY 300 MED PLAZA SUITE 1100
30503	NP SOCIAL WORK	NP SOCIAL WORK	60499	PSY TRIPLE E	PSYCHIATRY 3119 UEBERROTH BLDG
30513	NP PATIENT PLACEMENT	RNPH Patient Placement	60503	PSY OUT PT ISAP	PSYCHIATRY 760 Westwood Plaza
30523	NP SPEECH THERAPY	NP SPEECH THERAPY	60508	PSY IPT	PSYCHIATRY 300 MED PLAZA SUITE 1100
30529	NP MC VIRTUAL	RNPH Mapping to NP Location	60512	PSY SPANISH PVT	PSYCHIATRY 300 MED PLAZA SUITE 1100
30007	NP 4W	NP 4W	60516	PSY INFANT PRESCHOOL	PSYCHIATRY 760 Westwood Plaza
30404	NP PHP ABC PROGRAM	NP PHP ABC PROGRAM	60520	PSY OUT PT WILSHIRE	10920 WILSHIRE BLVD, WILSHIRE CTR
30408	NP PHP ADOL SVC	NP PHP ADOL SVC	60524	PSY SPANISH CLINIC	PSYCHIATRY 300 MED PLAZA SUITE 2200
30416	NP IOP ABC	RNPH IOP ABC Program	60528	PSY WLC CLINIC	PSYCHIATRY 300 MED PLAZA SUITE 2200
30509	NP NUTRITION SERVICES	NP NUTRITION SERVICES	10436	MP3 NEUROPHYSIOLOGY	MP3 Neurophysiology
30514	NP PATIENT AFFAIRS	NP PATIENT AFFAIRS	50529	SOCIAL WORK	Social Work VT
30524	NP SPIRITUAL CARE	NP SPIRITUAL CARE	50569	MD NEUROPSYCH PSYCHIATRY	Neuropsychology - Psychiatry VT
30530	NP CLIN LABS	Clinical Lab	50606	MD PSY ADULT	Psychiatry - Adult VT
60670	PSY FAM & COUPLE THERAPY	Psychiatry Family and Couples Therapy	50607	MD PSY ADULT EAT DISORDER	Psychiatry - Adult Eating Disorders VT
60671	PSY CBT	Psychiatry CBT	60484	PSY AMC	PSYCHIATRY 300 MED PLAZA SUITE 1100
60592	PSY GENETICS	PSYCHIATRY 300 MED PLAZA SUITE 1100	60485	PSY ADHD PVT	PSYCHIATRY 300 MED PLAZA SUITE 1100
60488	PSY AFTERCARE	PSY AFTERCARE	60486	PSY GOC	PSYCHIATRY 300 MED PLAZA SUITE 2200
60492	PSY BPD CLINIC	PSYCHIATRY 300 MED PLAZA SUITE 2200	60487	PSY NPBHS ADF PVT	PSYCHIATRY 300 MED PLAZA SUITE 1100
60496	PSY CHD TRAUMA CLINIC	PSYCHIATRY 300 MED PLAZA SUITE 1100	60739	OPMEND T2 DIAG	NON-CONFIDENTIAL
60500	PSY GERI CMP	PSYCHIATRY 3119 UEBERROTH BLDG	60740	OPMEND T4 PTS TX	CONFIDENTIAL
60504	PSY GERI PSYCHOLOGY	PSYCHIATRY 300 MED PLAZA SUITE 2200	60741	OPMEND T3 TBI TX	CONFIDENTIAL
60509	PSY WLC PVT	PSYCHIATRY 760 Westwood Plaza B Flr	60760	Behavioral Wellness Center	PSY BWC
60513	PSY SHIP MC	PSYCHIATRY 300 MED PLAZA SUITE 1100			
60517	PSY PARENT TRAINING	PSYCHIATRY 760 Westwood Plaza			
60521	PSY PPC	PSYCHIATRY 300 MED PLAZA SUITE 1100			
60525	PSY TMS	PSYCHIATRY 760 Westwood Plaza 3rd Fl			
60529	PSY YTH STRESS MOOD	PSYCHIATRY 300 MED PLAZA SUITE 2200			
60489	PSY OUT PT MHN BCH	1112 Ocean Dr. Suite 102, Manhattan Beach			