



Semel Resnick Information Service Access Request Form
For Staff & Faculty

Email: NPIHARF@mednet.ucla.edu

CHECK APPROPRIATE BOX: [ ] NEW APPLICATION [ ] ACCESS CHANGE [ ] INFORMATION CHANGE

PLEASE PRINT LEGIBLY

(1) LEGAL NAME (Last/First/Initial) [REQUIRED] \_\_\_\_\_

(2) EMPLOYEE ID: [REQUIRED] \_\_\_\_\_ (3) WORK TELEPHONE [REQUIRED] \_\_\_\_\_

(4) MOTHER'S MAIDEN NAME/IDENTIFYING/SECRET WORD [REQUIRED]: \_\_\_\_\_

(5) EMPLOYMENT STATUS [REQUIRED]: [ ] Career [ ] Casual/Per Diem (approx. end-date of appt.): \_\_\_\_\_

(6) SELECT ALL THAT APPLY [REQUIRED]:

- [ ] Mednet email account (it includes an AD domain login ID)
[ ] HBS (it includes an AD domain login ID and Mednet email account)
[ ] Forms Portal [NPH\_\_\_/SM\_\_\_/RRH\_\_\_]
[ ] EMPAC Requester \_\_\_\_\_ OR Approver \_\_\_\_\_
[ ] iCap - Specify iCap Group: \_\_\_\_\_ Type: \_\_\_\_\_ Role: \_\_\_\_\_
[ ] Allscripts BedXpress (select hospital): NPH \_\_\_\_\_ Ronald Regan \_\_\_\_\_ Santa Monica \_\_\_\_\_
[ ] PACS (image viewer)
[ ] Access to Care Connect [complete and sign Care Connect - Clinical Access Request Form]
[ ] COMMENTS (if any):

UNAUTHORIZED COMPUTER USE:

Unauthorized use of UCLA Health System and Medical Sciences information systems and/or data, which includes inappropriate view, review, access and/or disclosure of medical and personal information can result in (i) University disciplinary action (including termination), (ii) notification to the State and Federal Agencies, and (iii) may constitute grounds for either civil action (for restitution) or criminal prosecution.

I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT:

\*APPLICANT MUST READ & SIGN SECOND PAGE

Applicant's signature [REQUIRED] \_\_\_\_\_ Date [REQUIRED] \_\_\_\_\_

(7) Dept. Mgr./Supervisor Approval [REQUIRED]
Signature: \_\_\_\_\_
Print name: \_\_\_\_\_
Date: \_\_\_\_\_

(8) Semel Information Service Approval [REQUIRED]
Signature: \_\_\_\_\_
Print name: \_\_\_\_\_
Date: \_\_\_\_\_

**The laws define unauthorized access as:**

“The inappropriate review or viewing of patient medical information without a direct need for diagnosis, treatment, or other lawful use as permitted by the California Medical Information Act.”

Both the University of California and UCLA have existing privacy policies that are consistent with these new laws. Current privacy policies provide that unauthorized access, use, disclosure and viewing of medical information are unlawful and subject to sanctions and disciplinary actions up to and including **termination** of employment.

***If you access Protected Health Information (PHI) or Personally Identifiable Information (PII), you are personally responsible*** for ensuring the confidentiality, privacy, and security of the data entrusted to you, and you could be personally subject to statutory fines and penalties for failure to comply. You are expected to:

- Access, use, disclose only the minimum necessary amount of information
- Use safeguards to protect verbal, written, electronic health information including encryption software
- The “Secure” e-mail system must be used if ePHI is in the e-mail message
- Dispose of health information appropriately De-identify information whenever possible
- Protect your password(s), log off promptly and use computing device security

**It is critical that you report incidents immediately.** Report suspected privacy violations to the UCLA Medical Sciences Privacy Office. Report lost or stolen computers promptly to the UCLA Police (310-825-3197), and if PHI is involved, call the UCLA Medical Sciences Office of Compliance and Privacy (310-825- 7135) as well.

**Highlights of the New Medical Privacy Laws Effective January 1, 2009 (AB211 & SB541)**

**Fines & Penalties**

Individual Fines/ Penalties:

- \$2,500 - \$25,000 per violation
- \$250,000 – maximum penalty per violation

Institutional Fines for failure to prevent or report:

- \$25,000 – initial violation (per patient)
- \$17,500 – subsequent occurrence
- \$250,000 – maximum penalty
- \$100 per day for late reporting

**Civil/Criminal Actions**

Misdemeanor if patient suffers economic loss or personal injury  
Potential for civil action by patient with statutory damages (\$1000) in addition to actual damages Cal-OHI may notify licensing board for further investigation/ discipline of individual providers.

**Key Requirements**

Mandates the confidentiality of medical information. Requires implementation of appropriate administrative, technical and physical safeguards to protect the privacy of a patient’s medical information, and implementation of reasonable safeguards to prevent unauthorized access, use, or disclosure.  
Mandates prevention of unlawful or unauthorized access to or use or disclosure of patient medical information.

**Reporting obligations**

Providers must report incidents of unlawful access, use, or disclosure of a patient’s medical information within 5 days of detection of the breach to CDPH and the affected patient(s)/ legal representative.

**Authorizes**

Fines and civil penalties **against any individual** that negligently discloses or knowingly and willfully obtains, discloses, or uses medical information in violation of state / federal laws.  
Fines to the institution for failure to prevent or report for unauthorized access, use, disclosure of medical information.

**Oversight Agencies**

Calif. Office of Health Information Integrity  
(Cal-OHII) Calif. Department of Public Health (CDPH)

**I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT**

Applicant’s signature: \_\_\_\_\_ Date: \_\_\_\_\_