

<b>SEMEL RESNICK Information Service</b>		<b>ACCESS REQUEST FORM – Non Physician</b>	MITS USE ONLY	
760 Westwood Blvd., Suite B3-380, MC: 175919 Los Angeles, CA 90024			USER ID: _____	
<b>PLEASE PRINT LEGIBLY</b>				
(1) <b>LEGAL NAME</b> (Last/First/Initial) [REQUIRED]		(2) <b>JOB TITLE</b>	(3) <b>TELEPHONE</b> (Work) [REQUIRED] (    )	
<b>(4) PLEASE CHECK THE APPROPRIATE BOX:</b> <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> ACCESS CHANGE <input type="checkbox"/> INFORMATION CHANGE				
(5) <b>DEPARTMENT AND MAILING ADDRESS</b> [REQUIRED] (Department/Room no./Building or Street Address/City, State & Zip)			(6) <b>MOTHER'S MAIDEN NAME OR IDENTIFYING WORD</b> [REQUIRED]	
<b>(7) EMPLOYMENT STATUS:</b>			(8) <b>EMPLOYEE ID:</b> [REQUIRED]	(9) <b>BARGAINING UNIT:</b> [REQUIRED]
<input type="checkbox"/> UCLA Career	<input type="checkbox"/> UCLA Contractor	<input type="checkbox"/> UCLA Per Diem		(10) <b>4-DIGIT TITLE CODE</b>
<input type="checkbox"/> UCLA Casual End Date: _____	<input type="checkbox"/> 3rd Party Contractor End Date: _____	<input type="checkbox"/> Billing Agency/Vendor End Date: _____		
<b>( 1 1 ) A C C O U N T ( S ) R E Q U E S T E D :</b>				
<input type="checkbox"/> AD domain login ID only; External email: _____ <input type="checkbox"/> Mednet email account (includes an AD domain login ID) <input type="checkbox"/> HBS; External email (if no Mednet account is requested): _____ <input type="checkbox"/> Forms Portal <input type="checkbox"/> EMPAC Requester <input type="checkbox"/> EMPAC Approver  <input type="checkbox"/> Access to EPIC [complete and sign Supplemental Care Connect (EPIC) Access Request Form]  <input type="checkbox"/> COMMENTS:				
<b>UNAUTHORIZED COMPUTER USE:</b>			<b>ALSO SIGN THE SECOND PAGE OF THIS FORM:</b>	
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 (up to an including termination), (ii) notification to the State and Federal Agencies, and (iii) man constitute grounds for either civil action (for restitution) or criminal prosecution.				
<b>I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT:</b>				
			_____	_____
			Applicant's Signature [REQUIRED]	Date[REQUIRED]
(12) Dept. Mgr./Supervisor Approval [REQUIRED]			(13) SEMEL Information Service Approval [REQUIRED]	
_____/_____/_____ Signature                      Print Name                      Date			_____/_____/_____ Signature                      Print Name                      Date	
<b>MITS USE ONLY</b>				
Completed By: _____				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 UNDERSTOOD THE ABOVE STATEMENT:**

\_\_\_\_\_  
Applicant’s Signature [REQUIRED]

\_\_\_\_\_  
Date [REQUIRED]

## Supplemental: Care Connect (EPIC) Access Request Form

USER'S LEGAL NAME (Last/First/Initial) \_\_\_\_\_

USER'S Employee ID: \_\_\_\_\_

CADANCE     CASH DRAWER     RESEARCH

LOG IN DEPARTMENT ID: \_\_\_\_\_ [Use attached list for reference]

**TEMPLATE** (select one ONLY):

[You will have to successfully complete training before you are able to use EPIC.]

**Anciliaries**

- ADT UCLA INFO DESK
- ADT UCLA NPH BED PLANNER
- ADT UCLA NPH PT ACCESS
- ADT UCLA, INPATIENT SPIRITUAL CARE
- CADENCE UCLA, PSYCH CONF DIRECTOR
- CADENCE UCLA, PSYCH CONF MANAGER
- CADENCE UCLA, PSYCH CONF LEAD
- CADENCE UCLA, PSYCH CONF FRONT DESK
- AMB UCLA CC LITE CLINICAL SUPPORT STAFF
- AMB UCLA PARTIAL PSYCH MANAGER
- AMB UCLA RESEARCH COORDINATOR
- AMB/IP PARTIAL PSYCH PROG COORDIN
- AMB/IP UCLA CLINICAL VIEW ONLY
- AMB/IP UCLA CLINICAL VIEW W/ NOTES

**Psychologist & Fellows**

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

**Social Work**

- IP UCLA NPH SOCIAL WORKER
- AMB/IP UCLA CLINICAL VIEW W/ 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

**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
- IP UCLA QUALITY ASSURANCE/RISK MGMT
- IP UCLA NPH OCC THERAPIST ASST/RT ASST
- AMB/IP UCLA RN

**User in your department who has similar access that you are requesting today:**

\_\_\_\_\_

**REQUIRED:**

Supervisor name: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPROVER USE ONLY:**

Center Director: \_\_\_\_\_

Signature: \_\_\_\_\_

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 NPBS 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 NPBS 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 NPBS ADF PVT	PSYCHIATRY 300 MED PLAZA SUITE 1100
60496	PSY CHD TRAUMA CLINIC	PSYCHIATRY 300 MED PLAZA SUITE 1100			
60500	PSY GERI CMP	PSYCHIATRY 3119 UEBERROTH BLDG			
60504	PSY GERI PSYCHOLOGY	PSYCHIATRY 300 MED PLAZA SUITE 2200			
60509	PSY WLC PVT	PSYCHIATRY 760 Westwood Plaza B Flr			
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			