

**Methodist Healthcare - Information Systems
Access Request: Medical Student**

- Please return to office of Marilyn McWilliams, University Medical Education
- Incomplete forms cannot be processed.

Legal Name (Last, First, MI) _____
(Please Print)

Pager/Cellular # _____ / _____ - _____ Phone # _____ / _____ - _____

Birth Mo _____ Birth Day _____ Last four digits of social security # _____

E-mail Address provided by Medical School: _____

Primary Methodist Hospital: _____

Medical School Affiliation: _____

If not UT Medical School: Student Affairs Phone# _____ Fax# _____

Please provide a secret question and answer the Information Systems Help Desk can use to identify you over the phone. The answer should only be known to you. (i.e. The name of your first pet, the high school from which you graduated.)

Identifying Question _____

Response _____

Confidentiality Agreement:

You are authorized to access and utilize certain data and information only for the patients you are studying in the course of your medical education program at Methodist Healthcare. When in doubt as to whether or not information should be obtained, it is your responsibility to discuss the matter with your supervising physician. Each time you access a patient's records, your entry will be identified with you and permanently recorded. By affixing your signature below, you agree to follow any and all applicable policies and procedures implemented by Methodist Healthcare regarding the privacy and security of protected health information as that term is defined in 45 C.F.R. Parts 160 and 164. You also agree to take responsibility for the confidentiality of your passwords to gain access to such information. You also agree to comply with all applicable federal and state laws, rules and regulations, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regarding the privacy and security of such information.

Student's Name _____ Signature _____ Date ____/____/____
(REQUIRED) (Please Print)

For Methodist University Medical Education/LeBonheur Medical Education Only

- Cerner Role: Medical Student
 Need PACS

If this is a request to change information (e.g. name, role in Cerner or PACS), please note the changes here:

Director/VP Signature _____ Date ____/____/____

For Information Systems Use Only Remedy Ticket # _____ LogIn ID _____
Completed by _____ on ____/____/____ Revised 04/24/08