

PRACTICE PARTNER SECURITY AGREEMENT

Purpose:

To protect the confidentiality, integrity and security of patient information in Practice Partner, through the use of a unique and private user identification code/username and password, and electronic signature code.

Policy:

Healthcare information can be accessed by authorized persons to support patient care, peer review, quality improvement, risk management, reimbursement claims, clinical research, education and other legitimate requests. Any unauthorized use or disclosure of patient information is strictly prohibited. Access to various categories of patient information is based on need and defined by job title and function. Practice Partner Administration reserves the right to refuse access until proof of authorization is obtained. Authorized persons will be issued a unique user identification code and password. The username provides appropriate access levels and serves as an electronic mechanism for tracking/auditing access and entries to Practice Partner. **THESE ARE PRIVATE IDENTIFICATION CODES AND ARE NOT TO BE SHARED OR MADE PUBLIC.** Users must **PARK** or sign off before leaving the workstation. If a user has any reason to believe that his/her sign-on code has been shared or compromised, he/she should report this to their supervisor, and contact a Practice Partner Systems Administrator to have the code changed. Upon termination of employment with MUSC or its affiliates, the user's sign-on code will become inactive.

Failure to abide by the about policy can result in disciplinary actions including the discontinuation of computer privileges, job termination and criminal charges. (See Policy C-27 of the MUSC Medical Center Policy Manual)

Procedure:

1. Obtain a Practice Partner Security Agreement from your preceptor or supervisor, or by calling 876-1380. Security Agreements can also be found in the Practice Partner Knowledge Base.
2. Complete all fields of the Practice Partner Security Agreement, then sign and date the form. Failure to do so can result in a significant delay in processing your request.
3. Return the completed form to a Practice Partner Systems Administrator. Forms should be faxed to 876-1374, Attn: Practice Partner Administrator.
4. Billing providers will be contacted by their Analyst to setup a time for Practice Partner training and their logon information will be given during training. All other users will be emailed dates and times Practice Partner classes are offered. New codes should be available within 48 hours after your request is received.

FULL Name: _____ **Credentials:** _____
(PLEASE PRINT) (RN, MD, CA, PCT, etc.)

Previously at MUSC or previous Practice Partner user? If yes, under what name? _____

NetID: _____ **Email Alias:** _____ **Will the user be documenting in the system?** Yes No, View only.

DOB: _____ **Clinic/Office Phone:** _____ **Pager ID:** _____

Department/Specialty: _____ **Position:** _____

If prescribing: SCLN: _____ **DEA:** _____ **DHEC:** _____ **NPI:** _____

Supervisor/Sponsor's Name (Printed): _____ **Phone:** _____

Supervisor/Sponsor's Signature: _____ **Date:** _____

I will insure user receives adequate Practice Partner training within the department, and will inform Practice Partner Systems Administrators of any additional Practice Partner training needs the user may have. I will also inform Systems Administration if and when employment/agreement terminates.

Signature below indicates user has read and agrees to comply with the above policy and procedure.

User Signature: _____ **Date:** _____

Answer All Three Questions:

1. **Mother's Maiden Name?** _____

2. **Father's Middle Name? (first name if no middle name)** _____

3. **Town where you were born?** _____

-----internal use only-----

PVID _____ Operator ID _____ Level _____ RX _____ Group _____ DB _____ Email _____