

**External Reviewer's Request for Application Access
Non-Fairview Employee/Study Monitor**

Name: _____ Role/Title: _____
(Please Print) (First) (Middle Initial) (Last)

Organization Name _____

Organization Address _____

E-mail Address (required): _____ Phone number: _____

Last Four Digits of SSN: _____

Reason Access is needed (check the item that applies):

<input type="checkbox"/> To allow provider and/or support staff to access health and billing information
<input type="checkbox"/> To enter orders and/or therapy treatment plans
<input type="checkbox"/> To schedule patients on behalf of provider
<input type="checkbox"/> External Payer Audits/Regulatory Review for _____
<input type="checkbox"/> Clinical Trial Monitoring/external researcher related to _____
<input type="checkbox"/> Other (describe) _____

Expected volume or frequency of use _____

Expected length of time access needed _____

Laptop _____ Desktop _____

The organization has Policies & Procedures that document privacy standards, including appropriate corrective action. Yes No

Requesting Company, Agency Manager or Sponsoring Physician: _____

E-mail Address: _____ Phone Number _____

**Requesting Manager, Sponsoring Physician, or Requester is responsible for notifying Fairview immediately of any situation that would require this person's access to be terminated, e.g. employee resigns, confidentiality breaches, change in role responsibilities, etc.*

Fairview Health Services (FHS) Information System's Confidentiality and Security Statement

As a user of Fairview Information Systems, I understand my responsibilities concerning security of all information systems I have authorized access to use. I have access to these Information Systems in order to complete my job effectively, efficiently and securely. I will only access information regarding patients for whom I am treating or otherwise have an authorized purpose.

I understand that FHS systems contain confidential patient information. I understand that I am responsible and accountable for the security of confidential information under my direct control including, but not limited to, active system sessions and printed outputs. I understand that I may only access patients to which I (or my provider) have a direct treatment relationship or for the authorized purpose indicated above, and that I must have a "need to know" to access these patients' confidential information in the FHS system. I understand that I am to make every effort to restrict access and limit disclosure of protected health information to only that which is needed for treatment or for the authorized purpose.

-Continued on next page

I understand the following security policy pertains to me and is in my control:

- I am responsible for signing this confidentiality security statement.
- I will not share my password with anyone.
- I will not store my password in an insecure location.
- I will not leave a workstation unprotected in an uncontrolled area. I understand that when I leave the immediate vicinity of my workstation, I should logoff.
- I understand that I am accountable for all actions on FHS systems that occur under my user ID; therefore, I will not share my account access with anyone.
- I understand that my use of FHS systems, including access to the Internet, is for work-related use only.
- I will comply with all applicable federal and state laws and regulations which protect the confidentiality of Protected Health Information.
- I will report any use or disclosure of Protected Health Information which violates the above terms or any applicable federal or state law to FHS's Privacy Hotline at 612-672-2300.
- I am responsible for any breach of this agreement. Either I or my employer will defend, indemnify, and hold FHS harmless from all damages, costs, expenses, and fees resulting from any disclosure of Protected Health Information caused by me.

I understand the following:

- FHS reserves the right to monitor the use of all Fairview computing resources.
- FHS reserves the right to review user accounts, workstations and file server space in order to make determinations on whether or not specific uses of the information systems are appropriate.
- FHS reserves the right to revoke any access at any time if there is suspicion of violation of policy and for any reason and at any time.
- FHS reserves the right to seek any appropriate remedy for violations of the above terms, and FHS may seek any civil or criminal recourse and/or equitable relief.

Requestor's Signature: _____ Date: _____ Time: _____