	LICI A LIE AL TIL			ComicoNom			
UCLA HEALTH			NON-EMPLOYEE	ServiceNow			
Medical Information Technology Services / 176746				RITM# :			
10880 Wilshire Blvd., Suite 600 Los Angeles, CA 90024		ACCESS					
Phone: (310) 267-4560 / Fax: (310) 794-7895			REQUEST FORM				
PLEASE TYPE (or print legibly) REQUIRED INFORMATION BELOW.							
			(2) TITLE / ROLE [REQUIRE	(3) TELEPHONE (Work) [REQUIRED]	_		
(1) <b>LEGAL NAME</b> (Last/First/Middle Initial) [REQUIRED]							
				( )			
			E APPROPRIATE BOX				
	PLEASE CHECK THE APPROPRIATE BOX:						
(4) ORGANIZATION AND MAILING ADDRESS [REQUIRED]			(5) MOTHER'S MAIDEN NAME OR IDENTIFYING SECRET WORD				
(Department/Room no.	/Building or Street Address/0	City, State & Zip)	[REQUIRED]				
(6)			(7)				
(0) SPONSORING DEPARTMENT:			(7) CONTRACT / APPOINTMENT END DATE:				
[REQUIRED]	· · ·		[REQUIRED]				
MANIA OFF / CLIPSE	MICOD.						
MANAGER / SUPERVISOR:			*End date cannot exceed 1 yea	ar			
				,			
(8) ACCOUNT(S) REC NETWORK	UESTED: MAINFRAME/RACF	FORMS PORTAL	CareConnect	EMPAC			
AD Domain	MAINFRAME/RACE □ Mainframe / RACF	U Westwood	□ MUSE/EKG	SELECT ONE ONLY			
□ AD Domain □ Exchange		Santa Monica	OBIX/Fetal Monitoring	Requisition Requester Requisition Approver			
	Model:		□ Cadence Scheduling	Requisition Approver			
	(For PBS, FPG, or Financial Srvcs)	Level:	Cash Drawer	□ Other:			
	,		Template:				
	Extended Timeout: E	]Yes □ No	Access Type:				
RIS-IC (Formerly IDX) Default Org:			Access Type:				
Lock Manager: □Yes □ No							
Powerscribe	Access Group:						
□ Allscripts BedXpress □Ronald Reagan Hospital □ Santa Monica			a 🗆 NPH				
□ iCap Specify iCap Group(s):							
	Туре:		Role:				
□ OneStaff							
NOTES, COMMENTS, ADDITIONAL ACCESS, REQUESTS, EXTERNAL EMAIL ADDRESS:							
UNAUTHORIZED	COMPUTER USE:						
		outer equipment and/or	data could result in the terr	mination of my access. In addition, should	d		
Unauthorized use of Medical Enterprise computer equipment and/or data could result in the termination of my access. In addition, should I so misuse Medical Enterprise computer equipment and/or data, I further acknowledge and agree that the University has the right to,							
under its agreement with Epic Systems, remove me from work on all UCLA contracts. Such unauthorized use may also constitute							
grounds for either civil action (for restitution) or criminal prosecution by a third party other than University.							
I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT:							
			Applicant Signature [R	EQUIRED] Date [REQUIRED]			
(9) AUTHORIZER	REQUIREDI						
(9) AUTHORIZER [REQUIRED]							
			Please attach this	form to your ServiceNow request			
	/			,			
Signature	/ Print Name	Date					
				Revised 7/18/13			

Please do not modify this form. Include any additional access or comments on a separate page.



## CONFIDENTIALITY STATEMENT For Non-Workforce Members

The federal Health Insurance Portability and Accountability Act ("HIPAA") and its regulations, the California Confidentiality of Medical Information Act and other federal and state laws and regulations were established to protect the confidentiality of medical and personal information, and provide, generally, that patient information may not be disclosed except as permitted or required by law or unless authorized by the patient. In certain circumstances, HIPAA allows the disclosure of limited patient information in order to carry out treatment, education, research, public health, or health care operations activities without obtaining the patient or subject's authorization.

**Confidential Patient Information includes:** Any individually identifiable information in possession or derived from a provider of health care regarding a patient's medical history, mental or physical condition or treatment, as well as the patients and/or their family members records, test results, conversations, research records and financial information. (Note this information is defined in the Privacy Rule as "protected health information.") Examples include but are not limited to:

- Physical medical and psychiatric records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples;
- Patient insurance and billing records;
- Computerized patient data;
- Visual observation of patients receive medical care or accessing services; and
- Verbal information provided by or about a patient.

I understand and agree that this document establishes a Confidentiality Agreement between me

\_ [insert name of Individual] a representative of

[insert name of employer] and UCLA and sets forth the understanding regarding the protection of any confidential information that Individual may have access to while performing services at UCLA with the following purpose:

- 1. I understand that I will be granted access to, or otherwise become acquainted with, the following information ("Information") relating to UCLA patients:
  - □ Clinical/medical information
  - □ Insurance and Billing information
  - □ Scheduling information
  - □ Visual observation of patients receiving medical care or accessing services
  - □ Other (describe)\_\_\_\_\_

It is understood and agreed that except as required by law, I will use and hold all Information in strict trust and confidence, and will use such information only for the purposes contemplated herein, and not for any other purpose.



## CONFIDENTIALITY STATEMENT For Non-Workforce Members

- I acknowledge that it my responsibility to respect the privacy and confidentiality of Information received from UCLA. I will not access, use or disclose patient or other confidential information unless I am authorized or permitted to do so by law or as authorized by the patient I further understand that I am required to immediately report any information about unauthorized access, use or disclosure of confidential patient information to UCLA.
- 2. I agree to not disclose the Information to any other individuals.
- 3. Neither the release of any Information hereunder or the act of disclosure shall constitute a grant of any license under a trademark, patent, or copyright or application of thesame.
- 4. I understand and acknowledge that, should I breach any provision of this Confidentiality Statement, I may be subject to civil or criminal liability.

## ALL THREE SIGNATURES REQUIRED

User's signature:	Date:	
Supervisor name & signature:	Date:	
Center Administrator name & signature:		