

CAPITAL MEDICAL CENTER

Supplement Appropriate Access Guidelines

You may **NOT** routinely access the following medical records, even though while at work you may have the ability to do so.

Please initial, indicating your agreement to the following statements –

_____ I understand that I may not access my personal lab results, physician dictated reports, x-ray reports; in short, anything in my personal medical record in Meditech.

_____ I understand that I may not access my family members (including children, spouses, siblings) medical records unless the physician for which I work, is seeing the family member and I am required as part of my job to obtain information for the care of that patient.

_____ If I desire access to my medical record, I will sign an authorization form, available in the HIM department, and get such records from them.

_____ I will not share my logon and password with anyone else and I will not use anyone else's logon and password. (Exception – Should the Employee require assistance from the IT&S Staff where the IT person would be required to access your PC it is appropriate to provide them with the password to remedy the issue. Upon request the password will be reset).

I UNDERSTAND THAT MY ACCESS TO MEDITECH PATIENT INFORMATION MAY BE REVOKED IF I AM FOUND IN VIOLATION OF THESE GUIDELINES. I UNDERSTAND THAT HIPAA LAWS AND REGULATIONS ALSO MAY APPLY.

Signature

Printed Name

Date