PennState College of Medicine

Office of Faculty Affairs
Penn State College of Medicine
Milton S. Hershey Medical Center
Mail Code H184

500 University Drive
P.O. Box 850
Hershey, PA 17033
717-531-4432
717-531-5351 Fax

Access to Penn State University Library Resources for Clinical/Adjunct Faculty Members Request Form

You are offered access to online journals and other library resources through Penn State libraries by virtue of your role as a clinical/adjunct faculty member in the Penn State College of Medicine. *This is an optional program. If you already have access to online journals and other electronic library resources at your current place of employment, this additional access through Penn State may not be necessary. If you currently have this access, you do not need to complete the forms again to renew your access.* If you have questions regarding the library electronic journal access, please contact the George T. Harrell Health Sciences Library at 717-531-8626.

By signing this document, you agree to accept the terms for access to these electronic resources as stated herein. You will be held personally responsible for any violation of our license agreements that occurs from your account, which could result in the cancellation of access to the Penn State network. Call the IT Department Technical Support Center at 717-531-6281 if you have questions concerning this document. ***We recommend that you keep a copy of this form in the event you require a password reset.***

Instructions for Requesting Online Library Access:

1. Complete all highlighted fields on the included forms. Print and sign paperwork.
2. **Submit all pages to the Office of Faculty Affairs to the address above OR FAX to 717-531-5351.**
3. After your access has been established, further instructions and your User ID and password will be provided to you by the IT Department Technical Support Center **(it may take a few weeks for processing)**.

Electronic access to online journals and other electronic library resources through this program will be available to you for the period of your appointment which can be renewed upon request throughout the period of your appointment as a clinical/adjunct faculty member. ***Your password will expire every 90 days. You will not receive advanced notice that your password is about to expire.*** To renew your password or to reset a forgotten password, call the IT Department Technical Support Center at 717-531-6281.

Terms

- I agree to timely reporting of known or suspected issues (e.g. lost or compromised e-pass credential, voluntary relinquishment of e-pass account) and agree to contact the IT Technical Support Center 717-531-6281 if any issues occur.
- I understand that my access to this service is granted throughout the period of this clinical/adjunct faculty appointment. I also understand that my password to access this service will automatically expire every 90 days, renewal notices will not be sent to me in advance of this expiration date, and that it is my responsibility to request a password reset by calling the IT Technical Support Center 717-531-6281.
- I understand that federal and state laws (i.e. HIPAA and the Commonwealth of Pennsylvania Breach of Personal Information Notification Act) regulate the acquisition and access of protected health information and other personally identifiable information, and the use of computer facilities, electronically encoded data and computer software.

- I agree to abide by individual license agreements governing use of these electronic resources, including conditions set forth in University Policy AD20 http://guru.psu.edu/policies/Ad20.html
- I agree to restrict my use of this content for academic and educational use only. Content may not be used to support any commercial venture of any kind. I agree not to share content with anyone who is not a Penn State authorized user of this informational resource.
- I will not systematically download content from these resources either manually or through the use of a robot or other computer program designed to data mine.
- I have previously completed a Privacy and Information Security Awareness and Education program sponsored by my agency, corporation, university and/or employer; or completed the HMC/COM Information Privacy and Information Security Awareness and Education Program.
- I understand that the HMC/COM maintains electronic access logs for company owned and managed electronic information systems and networks; and that representatives of the HMC/COM routinely monitor and review these logs to safeguard the confidentiality, integrity and availability of mission critical systems.
- I understand that my USERID and password are to be used solely by me in connection with my authorized access. I agree to choose a difficult to guess password. I understand that I am required to sign off from the computer when I have completed authorized access, or when I physically leave the workstation.

My signature below represents my acceptance of these terms.

Clinical/Adjunct Faculty Member's Printed Name:_____ Date:_____

Clinical/Adjunct Faculty Member's Signature: _____

PENNSTATE HERSHEY
Milton S. Hershey Medical Center

Clinical/Adjunct Faculty Member Journal Access

Information Technology Account Request Form

https://infonet.pennstatehershey.net/web/it/it-account-request

1. Please ensure that all entries are printed with the exception of the signature fields.
2. Completed and signed form should be scanned and emailed to acctmgmt@hmc.psu.edu (Preferred), or faxed to 717-531-0261(Note: faxing may delay processing)
3. Account Request Frorms will be returned to the submitter if all required fields are not completed and all signatures are not provided.
4. Please allow five (5) business days from the date of receipt for account activation. Questions regarding status of requests should be directed to the Technical Support Center (TSC) at (717) 531-6281.
5. Sections 1-4 apply to all MSHMC/COM workforce members. Workforce members not employed by MSHMC/COM must complete Sections 1-3 and also Section 5, page 2.
6. Activated accounts and passwords can be picked-up at the **George T. Harrell Library Circulation Desk**. A valid photo ID (drivers license, Student / Employee badge) is required to pick-up account data. Accounts are held in the library for six weeks. Accounts not picked up in this time will be pulled and deleted.

Section 1 … Request Type

☑ New User ☐ Change Access ☐ Change Name (change at HR first) ☐ Transfer of Department
☐ Delete Account From: _____ To: _____
☐ Suspend User Accounts ☐ Termination from PSH Date: _____ Time: _____

Section 2 … Access Requested

☐ Eclipsys (Complete Section A) ☐ PayNav
☐ Exchange/Outlook
☐ Lawson *Not for employee Self-Service Access (Complete Section B)
☐ DocFinity / Intraviewer - (Complete Section C)
☐ Oncore - (Complete Section J)
☐ REDCap - (Complete Section K)
☐ STAR (Complete Section I)
☐ Remote Access Desktop for Non-exempt Employees - (Complete Section L)

☐ Connected/Powerchart/Cerner Scheduling - (Complete Section D)
* ePass required
☐ Remedy - (Complete Section E)
☑ ePass/Network Access - (Complete Section F)
☐ PSH Access Account/Network Access (Complete Section F)
☐ Signature Application Access - (Complete Section G)
☐ HBI (View Reports) ☐ HPM (Create Reports)
☐ Powerinsight/Infoview - (Complete Section H)
☐ Book It Room Scheduler

Section 3 … Personal Information

This Information is Required for all Requests: **Date of Birth:** **(MM/DD/YY)** ____/____/____

Employee Type (check one): ☐ **HMC/COM Employee** ☐ **PSH St. Joseph Employee** ☐ **Student**
☑ **HMC/COM External Contractor/Vendor** ☐ **PSH St. Joseph External Contractor/Vendor**

Name **Last:** _____ **First:** _____ **Middle:** _____ **Suffix:** _____
Home Address: **City:** **State:** **Zip:**

- **Job Title:** Clinical/Adjunct Faculty
- **Dept/Division:**
- Building:
- Office Phone Number:
- **PSU ID:**
- Room Number:
- Email Address:
- Mail Code:
- **External Org**

Unique Data Required for Telephone Password Resets:
Mother's Maiden Name: **Employee's City of Birth:**

Section 4 … System User Access Agreement

This section applies to employees of The Milton S. Hershey Medical Center/Penn State College of Medicine ("MSHMC"), as well as students, contracted staff, temporary staff and volunteers having a requirement for access to MSHMC networks.

By signing this form, I agree to take all reasonable precautions to ensure that MSHMC Confidential Information (e.g. medical records, Protected Health Information, student data, employee data, etc.) will not be disclosed to unauthorized persons. I am permitted access to this information only to the extent that I am authorized and the information is necessary to perform specific duties and responsibilities associated with my role at MSHMC, as specified in policy C-01 and C-18 of the Hospital Administrative Manual (HAM). At the end of my working relationship with MSHMC, I agree to return to MSHMC, all information to which I have had access as a result of my position at MSHMC. I understand that I am not authorized to use this information for my own purposes, nor am I at liberty to provide this information to others without authorization from the respective MSHMC Information Owner.

I have access to a copy of MSHMC's Confidentiality and Information Security policies, and I understand that it is my responsibility to read and understand these materials and how they impact my job. Continued access to MSHMC electronic information and resources is conditional upon my agreeing to abide by these policies and with all Federal, State and Local laws applicable to the use of computer facilities, electronically encoded data and computer software. I understand that non-compliance will be cause for disciplinary action, which may include dismissal and legal action.

I understand my USERID and password are a digital equivalent to my signature; as such, they must be used solely by me in connection with my authorized access. I agree to choose a difficult-to-guess password, as described in MSHMC Policy C-21 HAM.

I understand I am required to sign off from the computer when I have completed authorized access, or when I physically leave the workstation, and any access under my USERID and password by another person is my responsibility.

I agree to promptly report all known or suspected breaches or violations to the MSHMC Information Technology Technical Support Center (717) 531-6281.

PSU Data Security policies AD-20 and AD-23 may be found at http://guru.psu.edu/policies/AD20.html and http://guru.psu.edu/policies/AD23.html, respectively.

MSHMC Confidentiality policies and procedures are available in the Hospital Administration Office and are posted on the Infonet at: https://infonet.pennstatehershey.net/web/policy/home/-/policy-list/c392097?_policieslisting_WAR_infonetpoliciesportlet_sortOrderOV=0.

Applicant's Signature: _____ **Date:** _____

Note: As the authorizing party for this applicant, and reflected by my signature below, I have verified that this applicant requires the requested system access/classification to perform daily business responsibilities.

Manager/Supervisor/Chair Printed Name: _____ **Date:** _____

Manager/Supervisor/Chair Signature: _____ **Extension:** _____

PENNSTATE HERSHEY
Milton S. Hershey Medical Center

Information Technology Account Request Form

Section 5… (Non-MSHMC/COM workforce members) User Agreement/Authorization

This section applies to individuals that may include Accreditation Officials, representatives of Regulatory Agencies, clinicians covered under an MSHMC/COM Affiliation Agreement, External Auditors, and Research Monitors approved by the MSHMC/COM Clinical Trials office, and who are authorized, in advance, for access to MSHMC network and systems by an MSHMC/COM Corporate Officer, the Director of Health Information Services, the MSHMC/COM Institutional Review Board, the MSHMC Privacy Officer or the Information Protection and Compliance Officer.

By signing this document I represent that:

1. I understand that Federal and state laws (i.e. HIPAA and the Commonwealth of Pennsylvania Breach of Personal Information Notification Act) regulate the acquisition and access of protected health information and other personally identifiable information, and the use of computer facilities, electronically encoded data and computer software.

2. I agree to limit my access and use of my MSHMC/COM Access Account to minimal necessary use to accomplish authorized work in support of the missions of the Hershey Medical Center and the College of Medicine (i.e. including auditing, accreditation reviews, compliance, regulatory audits , authorized monitoring of research studies, teaching and education).

3. I have completed the Substitute HIPAA, Privacy and Information Protection training and attestation. (https://infonet.pennstatehershey.net/web/hipaa/manager-hipaa-course-exception-process)

4. Where I demonstrate a need to know and right to know, and I am granted access to the MSHMC/COM Confidential Business Information (e.g. Student Data, Employee data, etc.) or Protected Health Information (hard copy or electronic medical records), I will take prudent and responsible measures to safeguard the information from unauthorized acquisition and access.

5. To comply with HIPAA and the Breach of Personal Information Notification Act, Title 73, Chapter 43 of the Pennsylvania Statutes, I agree to provide MSHMC/COM timely notice of known or foreseeable unauthorized acquisition and access of individuals' protected information (i.e. a loss or breach of data entrusted to me or my employer).

6. Where I am authorized to create, review, update, store, transmit or exchange MSHMC/COM Protected Health Information, I will implement good information security controls to safeguard the confidentiality, integrity and availability of the data as specified under the United States Health and Human Services HIPAA Privacy and Security rule.

7. I will report issues and concerns in a timely fashion to my MSHMC/COM Access Sponsor or in their absence to the 24 hours IT Technical Support Center at 717-531-6281.

8. I understand that the MSHMC/COM maintains electronic access logs for company owned and managed electronic information systems and networks; and that representatives of the MSHMC/COM reserve the right to monitor and review these logs to safeguard the confidentiality, integrity and availability of mission critical systems.

9. I understand that my USERID and password are to be used solely by me in connection with my authorized access. I agree to choose a difficult to guess password. I understand that I am required to sign off from the computer when I have completed authorized access, or when I physically leave the workstation, and that any access under my USERID and password by another person is my responsibility.

My signature below represents my acceptance of the conditions of use outlined in section 5 above

Applicant's Signature: _____ **Date:**

Note: As the authorizing party for this applicant, and reflected by my signature below, I have verified that this applicant requires the requested system access/classification to perform daily business responsibilities.

MSHMC/COM Sponsor Name: _____ **Date:** _____

MSHMC/COM Sponsor Signature: _____ **Extension:** _____

Information Technology Account Request Form

Name _____

Section A … Eclipsys https://infonet.pennstatehershey.net/web/it-fiscal-systems/eclipsys/overview

Printer for Reports, Forms and/or Labels: _____

Classification: Please Select

Authorization Signature: _____

Section B … Lawson

☐ Production ☐ Development

Employee Lawson ID:

Section C … DocFinity / Intraviewer

Department : _____ **Group:** _____

Authorization Signature: _____

Section D … Connected/Powerchart (CIS) Connnected System Positions

Connected System Position Please Select | Surgeon Specialty-REQUIRED for Surgeons

Primary License/Credentials: Please Select

Authorization Signature: _____

* **Please note:** Requests for secondary accounts require additional approval which may delay processing

Section E … Remedy

Group Name(s):

Section F … ☐ Hersheymed.net ☐ Pennstatehealth.net

File access will be granted at a read/write level unless otherwise specified.

File Path	Access
Clinical/Adjunct Faculty Member Journal Access	

Section G … Signature https://infonet.pennstatehershey.net/web/it-fiscal-systems/signature/overview

PFS Team Access: Please Select

Functionality Required: Please Select

Authorization Signature: _____

Information Technology Account Request Form

Section H … PowerInsight

InfoView: Access is granted to view any report in public folders. Additional access should be selected below and proper authorizing signature obtained:

☐ Scheduling Folder	**Bonnie Keefer** must authorize Scheduling access.
☐ Medical Group Folder	**Bonnie Keefer** must authorize Medical Group access.
☐ Nursing Department Folder	**Darla Marks** must authorize Nursing Dept access.
☐ Emergency Department Folder	**Glenn Geeting** must authorize Emergency Dept access
☐ Other	

Authorization Signature as indicated above: _____

Section I … STAR (Study Tracking and Analysis for Research)

PSU Access ID: _____**(required) (Your PSU Access ID is your initials and a one to four digit number(userid1234)**

Security Role: Please Select

Please Select - Optional

Please Select - Optional

Authorization Signature:_____

Forward form to STAR@hmc.psu.edu

Section J … Oncore

Security Level: _____

Authorization Signature: _____

Section K … REDCap **(Training - http://ctsi.psu.edu/ctsi-programs/clinical-services-core/redcap-home/training-resources/)**

PSU Access ID: _____**(required) (Your PSU Access ID is your initials and a one to four digit number(userid1234)**

Training Method:

☐ Redcap Introductory Training

☐ Vanderbilt Tutorials (Tutorial name: _____)

☐ Peer Training (Trainer Name:_____)

Date Completed:_____)

Authorization Signature: _____

Section L … Remote Access Desktop

Remote Access Desktop will give your non-exempt employee the ability to access the Kronos time keeping application. Please initial that you understand and agree to this access. *Required* Manager Initials:_____