

STUDENT COMPUTER ACCESS REQUEST FORM

(Please print clearly)

Last Name	First Name	Middle Initial
School Name		
Email Address		
Phone	Last 4 Digits of SSN	

STUDENT ACCOUNT TYPE:

- Student RN Student NP Med Student Instructor Resident Pharmacy Student Other _____

DATES STUDENT WILL BE HERE:

Start Date	End Date
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I understand that Memorial Hospital at Gulfport (Memorial) will be granting me access to computer systems that contain confidential Protected Health Information (PHI). I agree to the following:

- I will at all times adhere to local, state, and federal laws and statutes regarding PHI obtained through any of the Memorial Computer System’s unique user ID.
- I understand that I will be assigned a unique user ID that is the legal equivalent of my signature and that I will be accountable for all work done or information accessed using my unique user ID. I understand that I am responsible for notifying Memorial of any changes to access privileges.
- I will not disclose my unique user ID and password with anyone, nor will I attempt to learn or use another person’s unique user ID and password.
- I will not seek access to PHI or other information for which I have no legitimate “need to know”.
- If I believe the security of my unique user ID and password have been compromised; I will immediately change my password and contact the Memorial Information Systems Service Desk by calling 228-865-3692 or emailing servicedesk@mhg.com.
- I understand that misuse of my access or the information may subject me to disciplinary action in accordance with the Medical Staff Bylaws or subject me to disciplinary action by my employer. All inappropriate use or access will be subject to immediate termination of access privileges.

I hereby acknowledge that I have read and understand the intent and purpose of the above statement and do affix my signature to confirm.

NOTE: All incomplete or illegible request forms will delay the approval process.

Signature

Date