CAREGROUP
Request for BIDMC Radiology PACS Access

TO BE COMPLETED BY USER (Please Print)

Name_____SSN (Last 4 Digits)_____
(Last name first name middle initial)

Job Title Medicine Intern Phone_____Pager E/W____#_____

Department Medicine Location (Bldg, Flr, Rm) Deac 311

BIDMC Employee or Physician (Y/N) Y If not, name & address of employer:_____

Confidentiality Acknowledgement:
I am aware of and agree to abide by the policies regarding the confidentiality of CareGroup information, including:

- The unauthorized possession, use, copying, or reading of hospital records, or the disclosure of information contained in such records, or the disclosure to any unauthorized employees, is strictly forbidden. An employee may be terminated for failure to adhere to this policy.
- Information entered or activity in this system under my authorized user ID and password shall be my responsibility. My user ID and password is my signature.
- I **may not**:
  - Share my user ID and password with anybody;
  - Leave a device to which I have signed on without having signed off.
- Willful abuse or irregularity on my part including not keeping my password secret or pressuring another person to share a user ID and password shall be subject to disciplinary action.

Signature_____

Date_____/_____/_____

TO BE COMPLETED BY REQUESTOR'S AUTHORIZING MANAGEMENT (Please Print)

Date of request 06 /23 / 10 Type of Request: New X Change_____Delete_____

If non-employee / non-staff: Start date_____End date (no more than 1yr) _____

Level of Access: Physician X Rad. Tech.___ Nursing___ Support Staff___

I authorize access to and use of this system as specified for the above-named person. I will inform the proper department or information security promptly if this person leaves or no longer needs this access.

Name (print) Andrea Crawford Job Title Intern Coordinator

Signature: Andrea Crawford Phone 2-8266

Fax COMPLETED Form to:
Radiology (617) 667-4379 Attn: Jim Brophy or Phil Purvis

TO BE COMPLETED BY RADIOLOGY INFORMATION SYSTEMS PERSONNEL

Logon ID_____Processed by_____Date_____/_____/_____