PDPA
EXCELLENCE IN PATHOLOGY

Request for Web Outreach Access

Instructions for completing this form:

1. Identify individuals in your practice who will require access to information at Pee Dee Pathology through Web Outreach. Typically these are physicians, nurses, and other clinical staff who require access to clinical information (e.g., pathology results).

2. Each prospective user must **read and sign** page 2 of this Form, *Pee Dee Pathology Access Agreement.*

3. Each prospective user must also fill in the information requested on page 3, *Pee Dee Pathology Access User Information*. Please consider the following when providing this information:

    - No one should be given access to patient information (e.g., pathology results) unless they have a legitimate need.

    - Contact information provided at the top of page 3 will help us contact you to answer any questions related to this application.

4. A physician/office manage must provide his/her signature at the bottom page 3, certifying his/her responsibility to assure the appropriate use of this access by the named individuals.

5. Once complete, please fax all signed copies of the Pee Dee Pathology *Access Agreement* (page 2) as well as a signed copy of the User Information form (page 3) to: 843-664-4340.

6. If you have any questions, please email them to: dlawson@pdpathology.com, or contact the Pee Dee Pathology IS Department at 843-664-4314 x220

Pee Dee Pathology Access Agreement

Web Outreach

I understand that access to Pee Dee Pathology will allow me to view sensitive and confidential patient information. I understand and agree that all such patient information is confidential and may be legally privileged. I further understand the importance of maintaining all such information in strict confidence and my obligation to protect all such confidential information from loss, misuse, or unauthorized access or disclosure. The obligation to maintain confidentiality of such information extends beyond work time to include personal time as well.

I acknowledge that patient information including demographics, patient care and results, billing and charge data, and visit history are confidential, and are protected by legal and regulatory guidelines. Further, this data should not be shared without appropriate consents and, authorizations. I therefore agree to make no improper access to or disclosures of such confidential information. Further, this data should not be shared without appropriate consents and authorizations. This data can be shared with other appropriate practice professionals who need to know the information.

I understand that improper access or disclosure of data may subject me to disciplinary and/or legal action, including possible termination of employment. Similarly, if I exceed my computer system access authority or engage in conduct outside of the scope of my duties, I may be subject to disciplinary action, including termination of employment, loss of privileges, permanent banning from computer systems, and/or appropriate legal action, including the pursuit of damages and/or issuance of an injunction against further disclosure.

I understand that an audit trail will be kept which identifies all system activity, and that Pee Dee Pathology will review access to ensure adherence to the Information Security and Confidentiality Policy. In particular, I understand that it is inappropriate to share my username/password with others and that such sharing may result in an audit trail that identifies me as someone inappropriately accessing sensitive information.

I understand that managing office staff is the sole responsibility of the physician\office manager. If I manage office staff, I accept the responsibility to educate the staff on the principles of information privacy and confidentiality. Further, whenever office staff leaves and/or changes, it is my responsibility to notify Pee Dee Pathology (843-664-4314 x220 or dlawson@pdpathology.com) within five (5) business days of such changes.

_____	_____	_____
Signature	**Date**	**Print: First, Middle Initial and Last Name**

_____

User ID

Please enter the User ID you would like to have.

(If the User ID is already taken, one will be assigned close to what was requested)

Pee Dee Pathology Access User Information

Web Outreach

Practice name: _____ Practice contact: _____

Contact email: _____ Contact phone: _____

The following physicians and/or office staff of this practice hereby request remote access to Pee Dee Pathology Web Outreach system.

Last name *(please print)*	**First name** *(please print)*	**Title\practice role**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

I certify and/or agree to the following:

1. **All of the individuals listed above are either unsupervised physicians in this practice, or are other professionals under my supervision whose job requires their having access to Pee Dee Pathology's patient information**
2. **I have the responsibility to instruct all these individuals in the appropriate use of information accessible through this access, or to assure that they are so instructed. I will assure that these individuals are instructed on aspects of password security: never sharing passwords, proper selection of a password, and never accessing information using another's username.**
3. **I will notify Pee Dee Pathology's IT Department (843-664-4314 x220 or dlawson@pdpathology.com) within one (1) business day in the event I become aware that any individual uses his/her access inappropriately.**
4. **I will notify Dee Pathology's IT Department (843-664-4314 x220 or dlawson@pdpathology.com) within three (3) business days in the event that any individual listed above no longer requires access.**
5. **I have read and will comply with the terms of the "Pee Dee Pathology Access Agreement" section of this form.**
6. **I further indemnify and hold harmless Pee Dee Pathology from and against all liability associated with the above individuals use and/or disclosure of patient information accessed on the Pee Dee Pathology Web Outreach systems.**

_____ _____ _____

Physician\Office Manager Signature Date Printed name & title