ELECTRONIC HEALTH RECORD APPLICATION   USER REGISTRATION ***PRIVACY ACT 1974***

	INITIAL	MODIFY
TYPE OF REQUEST		
EDIPI (DOD ID) NUMBER FROM		
FIRST NAME		
MIDDLE INITIAL		
LAST NAME		
USER ORGANIZATION		
USER OFFICE SYMBOL/DEPARTMENT USER JOB TITLE (RN; Corpsman, Front Desk Staff)		
USER RANK/GRADE		
USER SITE LOCATION(Resourcing code if known. i.e. 0029C-SURG-GEN)		
USER'S PRIMARY CLINIC (Family Practice; Occ. Health; Peds)		
USER DOD E-MAIL ADDRESS (@MAIL.MIL)		
USER OFFICE PHONE NUMBER		
CREDENTIALS		
USERS PRIMARY ROLE		
ADDITIONAL ROLES		
DATE HIPAA TRAINING COMPLETED		
DATE CYBER AWARENESS TRAINING COMPLETED		

	YES	NO
ARE YOU A CREDENTIALED HEALTH CARE PROVIDER?		
NATIONAL PROVIDER IDENTIFIER NUMBER (NPI ID)		
CLINIC(S)		

	YES	NO
WILL YOU BE PRESCRIBING ORDERS?		
DEA NUMBER		
BUSINESS FAX NUMBER (REQUIRED FOR SPI REQUEST)		
BUSINESS PHONE NUMBER		

	YES	NO
ARE YOU DENTAL PERSONNEL?		
Will you need to take workload and/or will appointments be scheduled with you? (i.e. dentist, dental resident, opa)	YES	NO
If you are a dentist, dental resident, hygienist, prophy tech, efda or opa, please provide NPI number:		
Name all clinics within your scope of practice where the user will need to log in and work:		
If multiple clinics, which one is the user's primary clinic?		
DENTAL ROLE		
ADDITIONAL DENTAL ROLE		

INCLUDE ANCILLARY SYSTEMS?	Clairvia		Bridge	
	Bed Capacity Management		Apache	iAccess

Are you a Student?	YES	NO
If yes, when do you graduate?		

Patient Care Supported? (Check all that apply)	Pediatrics	Family Health	Maternity
	Neonates	Women's Health	Billing
	Immunizations	Public Health	Records
	Patient Safety	Clinical Trials	Coding
	Referrals Dept.	Physical Therapy	Acute
	Inpatient	Outpatient	Quality

Are you responsible for ordering supplies for your department?	YES	NO
Are you be responsible for creating Scheduling Templates?	YES	NO
Are you a Manager? (e.g. Clinic Manager, Office Manager, etc.)	YES	NO
Will you be responsible for inpatient unit staffing?	YES	NO

Providers only: Will you need to be added to the Patient Portal? *Reference Message Types below for descriptions*	YES	NO
Message Type: (check all that apply)		general-message
		prescription-renewal
		appointment-request
		appointment-request-reschedule
		appointment-request-cancel
		Pre-Visit Questionnaires
		eVisit Questionnaires
		ALL MESSAGE TYPES

MESSAGE TYPES-PATIENT PORTAL

- general-message: Allows patients to send a General Message with attachments to this Provider. Routed to Message Center Pool for triage by staff.
- prescription-renewal: Allows patients to send a request to this Provider to get a prescription sent to their pharmacy for medications. Routed to Message Center Pool for triage by staff.
- appointment-request: Allows patients to send a request to this Provider/Team for a new appointment. Routed to Message Center Pool for triage by staff.
- appointment-request-cancel: Allows patients to send a request to this Provider/Team to cancel an e isting appointment. Routed to Message Center Pool for triage by staff.
- appointment-request-reschedule: Allows patients to send a request to this Provider/Team to reschedule an e isting appointment. Routed to Message Center Pool for triage by staff.
- eVisit Questionnaires: Allows patients to submit an eVisit Questionnaire (Web Visit) to this Provider for care evaluation. Routed to Message Center Inbo for designated Provider.
- Pre-Visit Questionnaires: Allows patients to submit an PreVisit Questionnaire to this Provider for care evaluation. Routed to Message Center Inbo for designated Provider. Currently only Dental Health History Questionnaires are available, only Dental Providers should be listed.

Match User's Account To

ELECTRONIC HEALTH RECORD - USER REGISTRATION

PRIVACY ACT OF 1974

Authority: 10 U.S.C, Section 3013.
Purpose: To authenticate that the individual is an authorized user or health care provider in the Electronic Health Record Application.
Routine users: Information may be disclosed outside of DoD agencies as outlined in AR 340-21, para 3-2 (Blanket Routine User)
Disclosure: Mandatory. Failure to provide required information may delay your access to the Electronic Health Record application.

PRIVACY ACT OF 1974
*** APPLICANT MUST READ AND SIGN ***

The purpose of this document is to verify that I have read and understood my responsibilities for safeguarding my access and the integrity of the Electronic Health Record (EHR).

The Privacy Act of 1974 imposes responsibilities to prevent misuse or compromise data concerning individuals. It has three main provisions:

1. **CONFIDENTIALITY OF INFORMATION**. Most of the information within the EHR is sensitive, personal medical information. Only authorized people or agents are allowed to disclose this information.
2. **DATA INTEGRITY**. Patient treatment decisions are made from the EHR information. Users of the system are responsible for ensuring that all data entered into the EHR is accurate.
3. **DATA SECURITY**. The Privacy Act requires safeguards for confidential and secure records. This entails protective measures for preventing accidental or malicious alteration, destruction, or disclosure of PII/PHI that could affect medical care or the patient's privacy.

I am responsible for all of the following security related guidelines as laid down in DOD and DA directives. My access is unique to me. It MUST BE KEPT CONFIDENTIAL. Any action I make on the system may be audited by the EHR Database Administrator (DBA).

I must memorize my PIN and will not make a written record of my PIN. If I suspect that someone else is using my password, I must change my password immediately and notify the EHR DBA.

I understand that I am specifically prohibited from using any other person's password. I understand that I am also prohibited from attempting to enter the system by guessing or randomly entering passwords.

I understand that my access to the EHR program does NOT, in and of itself, give me authority to disclose patient data to anyone.

I have read and understood the security guidelines given above and the necessity for safeguarding my password and the integrity of the EHR. I understand that if I divulge my password or information that is protected by the Privacy Act, I may be prosecuted under the Uniform Code of Military Justice or the United States Code (5 U. S. C., 552a (1)).

IMPORTANT --- NON-PROVIDER USERS --- IMPORTANT

As a user of the EHR application in a non-health care provider status, I am aware that the access level that I will be given may display a menu option for ordering medications. I have been advised of the command policy, which prohibits me from accessing this menu option. I also understand that I am not authorized under any circumstances to place medication orders in the EHR application.

I further acknowledge that violation of this policy will result in disciplinary action as set forth by the Commanding Officer, including immediate loss of access to the EHR application, possible dismissal and/or punishment under the Uniform Code of Military Justice

Applicant CAC Signature

Supervisor CAC Signature

Supervisor's DEE email address

Supervisor's Office Phone