

CROUSE HEALTH Request Form for EMR Access

SECTION 1: To Be Completed by Student (One Form per User) - USER INFORMATION

Name: _____
(Please **PRINT** all information legibly)

School Name: _____

Email Address: _____

Phone #: () _____ Date of Birth: _____ (REQUIRED)

Experience Start Date: ____/____/____ Experience End Date: ____/____/____

Name of Preceptor: _____

Have you been trained on EPIC: Yes No If yes, when _____ and where _____

All activity on your user ID and password is your responsibility. User ID's and passwords will be transmitted via email to the email address given above. As a security measure, they will NOT be given out over the phone for any reason.

Select Student Type: ☐ PA ☐ NP ☐ Nurse ☐ Pharmacy ☐ Physical Therapy
☐ Respiratory ☐ Medical Student ☐ Other _____

If you do not receive an email with your clinical ID and password before your start date please contact educational services at 315-470-7802.

Confidentiality Statement and Terms of Use

Data stored at and transmitted by this website contains PHI (Protected Health Information as defined by HIPAA Privacy regulations). By using this website you agree to access, use and disclose information, including PHI, in compliance with applicable federal and state privacy and security standards. Crouse Health has taken steps to ensure data confidentiality and integrity at the server and during transmission over the internet. Crouse Health has provided you with credentials for accessing this website. These access credentials are for your official use only and may not be shared with others. You shall immediately report any unauthorized use of your access credentials to the HIPAA Privacy or Security Officers. You shall take reasonable and appropriate workstation security measures and shall not leave your computer unattended while logged on to the website. Website access and activity is monitored and logged. You are responsible for all activity performed using your access credentials, including not accessing your own personal PHI without proper authorization. Your confidentiality obligations set forth herein shall survive termination of your access credentials for any reason.

User Signature: _____ Date: _____

User Printed Name: _____ Title: _____

Please return this signed authorization form via <https://studentforms.crouse.org/>