

PASSWORD REQUEST AND AUTHORIZATION

TO BE COMPLETED BY SECTION SUPERVISOR

<i>PRINT NAME OF USER (Last, First, Middle Initial)</i>	<i>SSN</i>	<i>SEX</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<i>GRADE</i>
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<i>AFSC</i>	<i>DUTY OFFICE SYMBOL(S)/ROOM NO./PHONE NO.</i>	<i>DUTY TITLE</i>
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COMMENTS

ACCESS REQUIRED: OTHER SYSTEM _____ CHCS _____ LAN _____

Clinical Menu: Physician _____ Nurse _____ AHP/Tech _____ Signature Class _____

Patient Appt Scheduling: Sched _____ Sup _____ FQA _____ Clerk _____ ER _____ MCP _____

Patient Administration:

Patient Admin: Superintendent/NCOIC _____ Clerk _____

Admissions & Dispositions: Supervisor/NCOIC _____ Clerk _____

Outpatient Records: Supervisor/NCOIC _____ Clerk _____

Pharmacy: Pharmacist _____ Superintendent _____ NCOIC _____ Clerk _____

Radiology: Radiologist _____ Superintendent _____ NCOIC _____ Clerk _____

Laboratory: OIC _____ Asst OIC _____ Superintendent _____ NCOIC _____ Clerk _____

Histopathology: Pathologist _____ NCOIC _____ Cytotech _____ Clerk _____

Nutritional Medicine: Dietitian _____ Superintendent _____ NCOIC _____ Tech _____

REGISTRATION CAPABILITIES: YES _____ NO _____

Additional Secondary Menus: _____

Additional Requests: _____

<i>DATE</i>	<i>PRINT NAME OF SUPERVISOR</i>	<i>SIGNATURE OF SUPERVISOR</i>
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TO BE COMPLETED BY COMPUTER SYSTEM SECURITY OFFICER/SYSTEM MANAGER

<i>ACCESS CODE ASSIGNED</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>DATE:</i> _____	<i>VERIFY CODE ASSIGNED</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>DATE:</i> _____	<i>FILEMAN ACCESS CODE</i>
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<i>PRIMARY MENU</i>	<i>SECONDARY MENU</i>
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COMMENTS:

TRAINING DOCUMENTATION

CHCS Orientation/Mailman Training: _____

Clinical Training: Physician _____ Nurse _____ Tech _____

PAS Training: Scheduling Supervisor _____ Clerk _____ ER _____

Pharmacy: _____ **Radiology:** _____

Laboratory: _____ **Histopathology:** _____

PAD: *Patient Admin:* _____

Admissions & Dispositions: _____

Outpatient Records: _____

Registration Training: _____

Additional Training: _____

<i>DATE:</i>	<i>PRINT NAME OF COMPUTER SYSTEM SECURITY OFFICER/SYSTEM MANAGER</i>	<i>SIGNATURE OF COMPUTER SYSTEM SECURITY OFFICER/SYSTEM MANAGER</i>
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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

CONFIDENTIALITY AND PASSWORD PROTOCOL STATEMENT

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

a. Confidentiality of Information. Most of the information within the Composite Health Care System (CHCS) is sensitive, personal, medical information. Only authorized people or agents are allowed to disclose this information. Federal laws impose penalties for illegally using sensitive patient tinformation.

b. Data Integrity. Patient treatment decisions are made from the CHCS information. The Privacy Act requires mechanisms to ensure that data in the system is accurate, relevant, timely, and complete. Users of the system are responsible for ensuring that all data entered into the CHCS is accurate.

c. Data Security. The third provision of the Privacy Act requires safeguards for confidential and secure records. This entails protective measures for preventing accidental or malicious alteration, destruction, or disclosure of personal information which could affect medical care.

You are responsible for following all security related guidelines as laid down in Air Force directives. Your password code is unique to you. **IT MUST BE KEPT CONFIDENTIAL.** The code replaces a handwritten signature and is legally equal to a handwritten signature.

Your password is necessary for you to perform your job duties, so you must memorized the password.

If you suspect that someone else is using your confidential password, notify SGC or your supervisor immediately and request a new password.

If you change your status or job in any way (job description, name, job title), your supervisor must submit the change in writing to the Medical Information Systems Office so that the computer information can be updated.

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

PRINTED NAME OF USER/GRADE

SIGNATURE OF USER

DATE

PRINTED NAME OF SUPERVISOR/

SIGNATURE OF SUPERVISOR

DATE