

Provider Cerner Access Request Form

Notice: Any illegible or incomplete entries will not be processed.

_____ Last Name	_____ First Name	_____ M.I.	_____ Credentials
_____ Anticipated Start Date at CMC	_____ Specialty	Intensivist: Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____ Business Name	_____ Business Email Address		
_____ Business Address	_____ City	_____ State	_____ Zip
_____ Business Phone	_____ Business Fax Do you want results faxed to this number? Yes <input type="checkbox"/> No <input type="checkbox"/>		
_____ NPI	_____ DEA Number		
Requesting Dragon Access? Yes <input type="checkbox"/> No <input type="checkbox"/>	Select Role: Read Only <input type="checkbox"/> Hospital Based <input type="checkbox"/> Clinic Based <input type="checkbox"/>		

Notification Per Policy AD9047: User shall immediately notify the Facility Information Security/Privacy Officer in the event User discovers or suspects: (a) any unauthorized use of or access to the System; (b) any use or disclosure of Confidential Information contained on the System not permitted by this Terms and Conditions of Use; (c) any action or omission that may adversely affect the confidentiality, privacy, security, availability, or integrity of any Confidential Health Information; (d) the recognition or introduction of any virus or any malicious or destructive programs; or (e) any actual or suspected breach of this Terms and Conditions of Use or Facility protocols, policies, or procedures that affects or may affect Confidential Health Information entered into contained in, or transmitted or access through the System. User shall report to the Facility privacy officer any security incident, as defined in HIPAA, of which it becomes aware.

User shall notify Community Medical Center when they leave their current employment which would make access unnecessary and inappropriate.

Signature

Date

FACILITY USE:

END Date for Access: ____/____/____

Facility Approval:

____/____/____ _____ HIM Director FPO
Date Name Title

**Please return to the Facility Privacy Officer at Community Medical Center. Fax 406-327-4510.
Allow 10 days for processing. Any incomplete fields automatically void the request.**

RETURN THIS FORM ONLY