



Providence Hospital Access Request Form  
 Confidentiality Acknowledgement  
 \*\*\* Non-Providence Hospital Employees \*\*\*

formation: (Please Print) \* Indicates Required Information

\*Name: \_\_\_\_\_  
 First Last \* Middle initial (required)

\*Date of Birth: \_\_\_\_\_ (m/dd) \*Last 4 of SSN: \_\_\_\_\_ \*Ph. #: \_\_\_\_\_

Phys Group/Company: \_\_\_\_\_ \*Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

\*User email address: \_\_\_\_\_

Does this employee need Temporary Access only: Y or N. If Yes, terminate access date: \_\_\_\_\_

\*Manager's Name and Phone # (required) \_\_\_\_\_ (first/last)

\*Office Manager/Phys e-mail (required/log on info will be securely emailed): \_\_\_\_\_

\*Office Manager/Phys Signature (required): \_\_\_\_\_  
 \*By signing you understand you are responsible for immediately notifying the AHIS Clinical staff when this employee leaves employment.

Circle one of the choices below that most closely describes your role (please read carefully and choose only one):

- |                       |                          |                          |
|-----------------------|--------------------------|--------------------------|
| OFFICE RN             | CASE MANAGER             | DATA ENTRY               |
| OFFICE LPN            | SOCIAL WORKER            | BILLING PERSONNEL        |
| MEDICAL ASSISTANT     | OCCUPATIONAL THERAPIST   | SECRETARY/RECEPTIONISTS  |
| NURSE PRACTITIONER    | RESPIRATORY THERAPIST    | OFFICE ADMINISTRATOR     |
| NURSE MANAGER         | PHYSICAL THERAPIST       | OFFICE MGR/SUPERVISOR    |
| PHYSICIAN'S ASSISTANT | CLIN RESEARCHER/EDUCATOR | MED RECORDS / CHART PREP |
| MED TECH              | CODER CODING AUDITOR     | OTHER _____              |

Access Selections: \_\_\_\_\_ \*Network/VPN \_\_\_\_\_ \*PACS/ICA-RAD \_\_\_\_\_ \*OneChart \_\_\_\_\_ \*cPACS  
 \_\_\_\_\_ \*eHIM \_\_\_\_\_ \*SMS # \_\_\_\_\_ \*\*Reset Expiration Date \_\_\_\_\_  
 \_\_\_\_\_ SCI/Order Facilitator \_\_\_\_\_ \*\*Existing Windows ID \_\_\_\_\_

**Please read carefully and sign below:**

Access to electronic protected health information (ePHI) at Providence Hospital is strictly confidential and is not distributed outside the Providence Hospital network without prior written authorization. Requests for access to Providence Hospital's applications, the electronic medical record, and the use of those applications imply consent to state and federal laws regarding patient confidentiality under HIPAA guidelines. Any misuse of Providence Applications or the electronic medical record may result in denial of computer access as well as civil/criminal penalties under state/federal law. Audit trails are reviewed routinely for illegal access. You should only access information needed to perform your specific job duties. To do otherwise is in direct violation of HIPAA and Providence Hospital's security and privacy regulations. Users are strictly prohibited from sharing their system identification (user id and password) with anyone. Identification of the user signed on to the application is recorded with each transaction performed. Signing off is required when leaving the computer terminal so that unauthorized individuals may not access patient information. If at any time you feel a security violation may have occurred, please contact the HELP Desk at 251-266-1700.

\*Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Description of applications:

- \*Some applications are not available outside the Providence Hospital network and will require you to have a network log on, as indicated by an \*
- \*eHIM - Discharged Legal Medical Record to include reports from other systems as well as scanned information/handwritten documentation.
- \*PACS/iConnect- Radiology Imaging System (Radiology reports available to view in OneChart)
- \*cPACS- Cardiology Imaging system (Cardiology reports are available to view in OneChart)
- SCI/Order Facilitator-Submission of Physician Orders for Outpatient Diagnostics


**\*\*PLEASE NOTE: All accounts are set up to expire at 1-year.** This request form will need to be resubmitted to extend access as needed, and the appropriate application(s) checked along with "Reset Expiration Date" and the existing "Windows Sign-on ID".

**SEND COMPLETED FORMS TO PROVIDENCE LEGAL: FAX 266-3561**



## PROVIDENCE ONECHART REMOTE ACCESS

1. Open your browser and enter the following in the address field  
<https://ahmoet.cernerworks.com/Citrix/SSOWeb/>
3. When prompted, enter your Active Directory (Windows) username & password. The same one you had used previously.
4. Select the appropriate Domain from the dropdown (ALMOB)



User name:

Password:

Domain:

4. You will need to install Citrix to access specific OneChart applications. If you have not previously installed a Citrix receiver, please click the appropriate link in the bottom left hand corner of the page to install.

[Download Receiver for Windows](#) | [Download Receiver for Mac](#)

5. After installing Citrix, then select the appropriate application icon (Powerchart, Firstnet, Surginet, etc).



Powerchart  
PNAgent AHMO\_ET



Surginet PNAgent  
AHMO\_ET



Firstnet PNAgent  
AHMO\_ET

6. If you are experiencing Connectivity issues, please contact the AIS Helpdesk 251-266-4357. To speak to service desk analyst, press 1 and if you are physician calling, please press 7.