

Please print clearly to ensure accuracy



Students

IT Network Acknowledgement & Consent Form

Last Name: <i>Please Print Carefully and Clearly</i>		First Name:	Middle Name/Initial: (REQUIRED)
School Name:	School Fax:	Epic Competency: <input type="checkbox"/> Completed Percentage/score: _____	
Applications/Access Needed: <input type="checkbox"/> Epic <input type="checkbox"/> Synapse (PACS) <input type="checkbox"/> Other (<u>Please List</u>):			

<p>Have you ever had computer access at Maple Grove Hospital or North Memorial, as an employee, affiliate, student, or contractor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approximate date? _____</p>

By submitting this form, I acknowledge the confidentiality and privacy obligations associated with North Memorial Health and Maple Grove Hospital.

I understand that the Information Technology network and application sign-on issued to me and subsequent passwords created by me, or assigned as applications dictate, are my means to access on-line information. They are to be used solely in conjunction with the performance of my authorized job functions. I will not look at, share, or discuss health information of a customer if it is not required for my job. I understand that my unique ID number and password will be stored as on-line access occurs and kept in accordance with North Memorial Health and Maple Grove Hospital retention guidelines.

I will take all steps necessary to prevent anyone from gaining knowledge of my password(s), and thereby gaining access to the Information Technology network through me. The use of my sign-on and passwords by anyone other than myself is prohibited.

The following North Memorial Health/Maple Grove Hospital IT policies are available for reference and/or review upon request:

- Health Information Confidentiality and Security Policy
- Health Information Access and Disclosure Policy
- Computer Network and Internet Usage Policy

Student's Legal Signature: _____ Date: _____