

**System Access Request Form – Vendors/Contractors**

**Incomplete or illegible forms will be rejected**

**A signed HM confidentiality and information security agreement (see page 2) must accompany this request.**

Scan and email the completed form to helpdesk@houstonmethodist.org or fax it to the HMH IT Help Desk at 832.667.5601.

Specify your location:  HMH  HMG  HMRI  HMSJ  HMSL  HMSTC  HMSTJ  HMTW  HMW  HMWB

**Everyone must fill out this section (all fields are required)**

Name: [First] \_\_\_\_\_ [MI] \_\_\_\_\_ [Last] \_\_\_\_\_

Title: \_\_\_\_\_ Cost Center: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dept. /Org Unit: \_\_\_\_\_ Current Network ID (if any): \_\_\_\_\_

Company Name: \_\_\_\_\_ Suite: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Email Address\* (required): \_\_\_\_\_

Expiration of Service Date\* (required): \_\_\_\_\_

\*We will use your email address to uniquely identify you so that your future requests can be adequately fulfilled in the event that you have a name that closely matches the name of another HM affiliate. Note that we will use this address to verify your identity when you request an account, so please input a valid email account that only you can access.

**Please mark the resources to which you are requesting access.**

PACS  HPF  Medhost  CPN  Mortl  HM Email  PHS/Scheduling

Remote Access  TeleTracking (mirror ID required): \_\_\_\_\_

HIS – List desired functions or a model ID is required: \_\_\_\_\_

MethOD – Provide a model ID or name of MOD trainer: \_\_\_\_\_

Shared Drive – Provide entire path (required): (Ex: \\ssnf1\dept1\....) \_\_\_\_\_

Other: \_\_\_\_\_

(Please add any request for access you want that is not included above)

\_\_\_\_\_  
Signature of requesting employee Date

\_\_\_\_\_  
Print name and rank of approving HM employee Signature of approving HM employee Date

\*\*\*Approver must be rank MG02 or higher

## CONFIDENTIALITY AND INFORMATION SECURITY AGREEMENT

I understand that through my work or association with Houston Methodist (HM), I have an ethical and legal responsibility to protect the privacy of all patients and employees, and to safeguard the confidentiality of their health and other sensitive information. This protection also extends to members of HM's health plans. In addition, I understand that HM information systems and all HM confidential and proprietary information are to be regarded as valuable resources. I will provide all necessary safeguards for the information to be kept secure from theft, misuse, and unauthorized reproduction, modification, or destruction. I understand that the Houston Methodist Information Technology Division conducts information system security checks, and that certain activities, such as unsuccessful log-in attempts, email usage, or Internet usage, may be monitored.

**I understand that failure to comply with this agreement may result in the termination of my employment or association with HM and/or civil or criminal legal penalties.**

### I AGREE THAT I WILL

1. Not disclose confidential or proprietary information to any individuals who are not authorized to receive the information or to those who do not have a legitimate need to know in order to provide patient care or to carry out their duties with HM.
2. Protect the privacy and confidentiality of our patients, employees and members of our group health plans.
3. Not disclose or share any confidential information, even if I am no longer associated with HM.
4. Not access, change or destroy confidential or proprietary information except as required to perform my job or service.
5. Know that my use of HM information systems to access confidential information may be audited and that HM may take away my access at any time.
6. Dispose of documents or other media when no longer needed in a way that protects confidentiality (shredding, etc.). I will follow the correct department procedure, where applicable.
7. Access only levels or components of the information system as assigned to perform my job or service.
8. Keep my password(s) secret and not share it (them) with anyone. If I suspect that my password is known, I will immediately change it so as not to compromise computer security.
9. Not install, transmit or download from the Internet onto any HM information system, any unauthorized or unlicensed software, or material protected by copyright.
10. Not make unauthorized copies of HM software.
11. Log-off or secure my workstation, when unattended, according to departmental policy, where applicable.
12. Adhere to warnings about computer viruses and perform virus scan updates as directed.
13. Not transmit or display abusive, discriminatory, harassing, inflammatory, profane, pornographic or offensive language, or other such materials over or on any HM information systems.
14. Report log-on or other system problems to the Information Technology Division Help Desk.
15. Use HM information systems wisely to conserve costly space on the server.
16. Abide by the provisions of this agreement if granted remote access to any HM information systems.
17. Use HM information systems equipment for the sole purpose of performing my job or services except on occasion for minimum personal use.
18. Immediately report any violations of these provisions to a manager or business practices officer.
19. Participate in on-going information security training as directed.
20. Review the HM Information Security Agreement for renewal periodically as directed.
21. Comply with Houston Methodist Policy IMO1 – Acceptable Use of Computing Resources:  
<http://hhvappdcsp01/docview/?docid=12143>

I have read and understand the above and hereby agree to these provisions as a condition of my employment, contract, service, association or work with Houston Methodist and these procedures will be enforced through monitoring mechanisms and random auditing. Violations of any guidelines may result in disciplinary action up to and including termination of my access to Methodist's facilities, servers, or systems.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ HM Entity Name: \_\_\_\_\_

Department: \_\_\_\_\_ Location: \_\_\_\_\_

Vendors, contractors, students, or others as appropriate, specify company or school:

---