

ehc APPLICATIONS ACCESS FORM

- Please fill out the applicant information at the top except for the shaded areas.

HCA

FAX TO (843) 847- 4669

SSL Soft Token Application Form

OVERVIEW

HCA Information Technology and Services and it's ehc Internet division have developed Web based applications to give associated physicians and their staffs appropriate access to healthcare information. This access is to accommodate the relationship between the physician's practice and the associated hospital to provide patients required healthcare services.

These Internet based applications must maintain government-mandated levels of data protection, so certain security tools must be used to provide for strong authentication and data encryption to ensure the confidentiality of the patients' medical records.

You will be notified of incomplete forms, causing delay in the process of issuing cards and shipping software and you will be required to resubmit your request.

APPLICANT INFORMATION

User Responsibility Statement - Your remote access security PIN is not to be revealed to anyone (manager, co-worker, etc.). The information obtained through the use of your ID is to be used for work related activities only. The revealing of your PIN or information obtained through its use may result in oral/written warning, censor, suspension without pay, or termination. Your SecurID Card is a delicate piece of equipment and must be treated with care. In case of a lost card, contact IT&S Security **immediately**.

| | | | |
|-----------------------------------|--|------------------------|----|
| Last Name | | First Name | MI |
| Telephone Number (with extension) | | Computer Name/Location | |
| Practice Name | | Practice Address | |
| Date of Application | | Signature | |

DO NOT FILL OUT BELOW THIS LINE:

CLINICAL IMAGING SYSTEMS ADMINISTRATOR/SYSTEM ADMINISTRATOR

Approving Authority Responsibility Statement – By signing below I certify that I have reviewed this form for accuracy, that all preceding fields are completed, and that the applicant is a valid employee, contractor, physician or vendor requiring remote access. In addition I understand that any additional software required for remote access will be charged to my department. Furthermore, I agree to collect any SecurID Cards from holders upon their departure.

| | | |
|-----------------------------------|--|-------------------------------------|
| Printed Name | ARE YOU? <input type="checkbox"/> Clinical Imaging System <input type="checkbox"/> System Administrator <input type="checkbox"/> Physician Support Coordinator | Department Number 908 |
| Signature | | Date |
| Applicant 3-4 ID or Soft Token ID | SecureID Number (8 digits on reverse of ID or Soft Token) | |

LOCAL SECURITY COORDINATOR

| | |
|--------------------------------------|---|
| Printed Name Judy B. Riley | Telephone Number (843) 797-4109 |
| Signature | Date |