



SYSTEM ACCESS CODE SECURITY ACKNOWLEDGEMENT

Jupiter Medical Center is granting the Account Owner the right to use the System Access Code, Username, Password, and/or PIN Code (hereinafter, "Credentials") below as necessary to perform their assigned duties.

All activities associated with these Credentials are the sole responsibility of the Account Owner. By signing this System Access Code Security Acknowledgement, the Account Owner understands that the information systems are the property of Jupiter Medical Center and any activity on these systems may be monitored, recorded, and/or disclosed by Jupiter Medical Center.

System Access Codes, Usernames, Passwords, and/or PIN Codes (hereinafter, "Credentials") are unique and should NOT be shared with anyone.

If these Credentials provide access to patient medical information, the Account Owner is responsible for keeping the patient information confidential and agrees to follow the principles of need-to-know and minimum necessary when accessing patient medical information.

Account Owners should not leave patient medical information displayed on an unattended workstation's display screen. Before leaving a workstation, the Account Owner is responsible for protecting patient medical information and the Jupiter Medical Center network by:

- Clicking on the "**Suspend**" button, or by
- Pressing Control-Alt-Delete and clicking on the "**Lock Computer**" button.

YOUR PORTAL ACTIVITIES ARE MONITORED AND RECORDED.

I will immediately report to the Information Services Department and my immediate supervisor any suspected compromises of my Credentials or any suspicious activity on the system. In addition; I understand that unauthorized access, modification, disclosure, or deletion of the information processed, transmitted, or stored on/by the information system will result in the immediate suspension of the Credentials until an investigation is completed.

**PLEASE PRINT CLEARLY AND RETURN FAX TO (561) 745-4389
If assistance is needed, contact Karen Craft at (561) 262-8936.**

I have read the above and I understand that under **NO** circumstances should I share my Credentials with anyone.

Full Name (Please Print your name and include your middle initial).		
Title:		
Name of PHYSICIAN to be Linked to:		
Office Phone (Backline):		
Office Fax:		
E-mail Address (Optional):		
Printing Access For Medical Records	YES	NO
SIGNATURE:		DATE:

Please be advised if, at any time, your account has not been utilized for 90 consecutive days, it will be Inactivated. To Re-activate, please call Karen Craft at (561) 262-8936.

