



Thank you for your interest in accessing the Little Company of Mary Hospital's Meditech Information system.

In order to access the Meditech System, your office or home PC must have:

- !! Windows Version 98 or higher
- !! High speed (non dial-up) Internet Access or Modem (any speed)
- !! Any laser printer that supports PCL-5 language with passthrough printing - USB printers are currently not supported by Meditech. We will not be able to assist you if your machine does not meet these basic requirements.

If your equipment meets these requirements, please complete the attached Access Request Form and a Confidentiality Agreement for each individual you list on the Access Request Form. Please return the completed Access Request Form and a copy of each signed Confidentiality Agreement to:

Beverly Linkus, MIS
Little Company of Mary Hospital
2800 West 95th Street
Evergreen Park, IL 60805

OR Fax to 708-499-8512
Attention: Beverly Linkus

After all information has been properly filled out, signed and returned, we will begin processing your request. Within 2 weeks you will be contacted regarding your access information.

If you have any questions regarding this process, please contact:
Beverly Linkus, Extension 5173 or outside (708)229-5173.

Thank you.

Beverly Linkus
Project Coordinator
MIS



Access Request Form

Practice Name: _____
 Practice Address: _____
 Practice Phone: (____) ____-____ Fax: (____) ____-____
 Contact Name: _____

Physician Name(s): _____

Call Coverage Physicians: _____

List individual(s) needing Meditech user id and password:

1. First Name: _____ Middle Initial____ Last Name: _____
2. First Name: _____ Middle Initial____ Last Name: _____
3. First Name: _____ Middle Initial____ Last Name: _____
4. First Name: _____ Middle Initial____ Last Name: _____

List individual(s) needing internet or dial-in access to Meditech:

1. First Name: _____ Middle Initial____ Last Name: _____
2. First Name: _____ Middle Initial____ Last Name: _____
3. First Name: _____ Middle Initial____ Last Name: _____
4. First Name: _____ Middle Initial____ Last Name : _____

Type of connectivity? INTERNET or Dial-in.
 (Please circle response)

Physician's Signature: _____ Date: _____



Confidentiality Agreement

Date:

Name:

(Please Print)

Practice

Name:

Location:

1. All user-ids/passwords are unique to you as a user of Little Company of Mary Hospital and Health Care Centers (LCMHCC) Hospital Information System (Meditech). Therefore, they **MUST BE KEPT CONFIDENTIAL. These user-ids/passwords replace and are equal to your handwritten signature.**
2. Disclosing your user-id/password, or attempting to discover another users user-id/password is a violation of the LCMHCC Confidentiality Policy. If you suspect that someone is using your user-id/password, immediately notify the LCMHCC MIS department, Extension 5160 or outside (708) 229-5160.
3. Disclosing any patient information is a violation of the LCMHCC Confidentiality Policy, and Federal HIPAA Laws.
4. If you undergo a status change of any kind, inform the LCMHCC MIS department so that your information can be updated.

I UNDERSTAND THE HOSPITAL'S POSITION ON CONFIDENTIALITY OF PATIENT INFORMATION. I UNDERSTAND THAT VIOLATION OF THE LCMHCC CONFIDENTIALITY POLICY AND FEDERAL HIPAA LAWS MAY BE CAUSE FOR DISCIPLINARY AND LEGAL ACTIONS. I UNDERSTAND A COPY OF THIS AGREEMENT WILL BE GIVEN TO THE HIPAA SECURITY OFFICER AT LCMHCC.

Signature:

Date:

Print Name: _____

Physician Practice: _____