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 7 or higher
- High speed Internet Access
- Meditech Printing requires a laser printer that supports PCL-5 printing.

**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  
  Email: blinkus@lcmh.org
  OR
- Nancy Moran  
  Email: nmoran@lcmh.org
  OR
- Fax to 708-499-8512

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

If you have any questions regarding this process, please contact:

- Beverly Linkus, (708) 229-5173
  OR
- Nancy Moran, (708) 229-5179

Thank you,

Beverly Linkus  
Project Coordinator  
MIS
Access Request Form

Practice Name: ____________________________________________________________

Practice Address: __________________________________________________________

Practice Phone: (____) ______-_______   Practice Fax: (____) ______-_______

Office Manager Name: ______________________________________________________

Office Manager Email: ______________________________________________________

Physician Name(s): _________________________________________________________

____________________________________

Call Coverage Physicians: __________________________________________________

List names of individual(s) needing Meditech user id, password and remote access:

1. First: __________________________ Middle Initial: _____ Last: ________________________

2. First: __________________________ Middle Initial: _____ Last: ________________________

3. First: __________________________ Middle Initial: _____ Last: ________________________

4. First: __________________________ Middle Initial: _____ Last: ________________________

5. First: __________________________ Middle Initial: _____ Last: ________________________

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 (LCMHHCC) 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 user’s user-ID/password is a violation of the LCMHHCC Confidentiality Policy. If you suspect that someone is using your user-id/password, immediately notify the LCMHHCC MIS department, Extension 5160 or outside (708) 229-5160.

3. Disclosing any patient information is a violation of the LCMHHCC Confidentiality Policy, and Federal HIPAA Laws.

4. If you undergo a status change of any kind, inform the LCMHHCC 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 LCMHHCC 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 LCMHHCC.

Signature: ___________________________ Date: ____________

Print Name: ___________________________

Physician Practice: ___________________________

Form: 0047516 4/04 Rev 6/2018
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