UK HealthCare.

Complete and return: Fax: **859-257-4148** Email: **lizcolumbia@uky.edu**	**Research Monitor Request Form** Remote View Access to Electronic Medical Record via Physician Portal	**Please Note:** Information must be completed for processing. **Please type or PRINT clearly.**

Date: _____ (mm/dd/yyyy)   Your Date of Birth: _____ / _____ / _____

Previous UK Student or Employee: ☐ Yes ☐ No   **If yes – previous name:** _____

Previous UK Portal Access: ☐ Yes ☐ No   **If yes – previous facility name:** _____

Name: _____ _____ _____ ☐ M ☐ F
 First   **M.I.**   **Last**

Email Address (**REQUIRED**) _____

IRB Number: _____

Study Name:_____

Department: _____ Building: _____

Phone: _____Fax: _____

Study Team Contact Name: _____

Study Team Contact Email: _____ Phone: _____

Remote View Access Services for Research Monitors via Physician Portal - Disclaimer

- The UK HealthCare Physician Portal is designed to provide a single point of access to information, tools and services specifically for the needs of referring providers. I will only look up information on patients for whom I have permission.

- The UK HealthCare Physician Portal is a private, secure network available only to authorized users. All users must register to receive a personal user ID and password, issued by UK HealthCare Information Technology Services.

- You assume full responsibility for using the information on the portal, and you understand and agree that UK HealthCare and its affiliates are not responsible or liable for any claim, loss, or damage resulting from its use by you or any user. UK HealthCare does not warrant that access to the portal will be error or virus-free.

- By choosing to use the UK HealthCare Physician Portal you acknowledge and agree to the terms of this Disclaimer. We reserve the right to modify these terms and policies at any time.

Your

Signature :_____

Approval is Required from Principal Investigator:

Principal Investigator Name (PRINT): _____

Principal Investigator Signature: _____

Principal Investigator Phone: _____

 Principal Investigator Email: _____

Complete both pages and return to Liz Robertson, lizcolumbia@uky.edu or fax to 859-257-4148. Please call 859-323-0736 with any questions.

Research Monitor Confidentiality Agreement

Name: _____
        First   M.I.   Last

Date of Birth: _____/_____/_____   UKID:_____
                    mm /dd/yyyy   To be completed by UKHC IT

I agree to keep UK HealthCare patient information confidential by observing the following:

1. I will protect my password from use or theft by others.

2. I will sign off the system when I leave my workstation and not allow others to use my access.

3. I will only look up information on patients for whom I have permission to view.

4. I will not look up my own medical information.

5. I will share patient information only with people who have a right to access the information in order to perform their job function.

6. When sharing information with people who have a right to access the information in order to perform their job function, I will ensure that I am in a private setting where others can not hear or see the confidential information.

7. I will password protect my personal digital assistant device that contains patient (or confidential) information.

8. I will not disseminate confidential information without appropriate authorization for release of information.

9. I will dispose of confidential information properly in accordance with all applicable policies.

10. I understand that audits will be performed on electronic medical record access to ensure compliance with this confidential agreement.

11. I understand that UK HealthCare has the right to take appropriate action up to and including termination of my access for breaches of misuse of Protected Health Information.

Please initial you have read and agree: _____ Date: _____

This form is kept on file with UK HealthCare Information Security

UK HealthCare Information Security
Research Monitor Portal Access Request Form

Guidelines for completing Research Access Request Form:

Date is the current date or the date form completed.

Date of Birth is your date of birth, month, day, year.

Name should be your full legal name, not a nickname.

Previous UK Student or Employee: Check yes or no appropriately.

If yes, previous name: any maiden name, if applicable.

Previous UK Provider Portal Access: Check yes or no appropriately.

Email is the email address of the Research Monitor requesting access. Email is required.

IRB Number is the unique number assigned to the study by the IRB of record.

Study Name is the name of the Study being monitored.

Department is the printed name of the department of the person signing the request.

Building is where department is located. (ie: HOSP = 4N, Wethington Bldg. Room 222.)

Phone is the number where Research Monitor can be reached.

Should be a direct line, preferably a cell phone - not the public number for the department.

Fax is the fax number where the user can be reached, if applicable.

Study Team Contact Name: Name of contact person on study team.

Study Team Contact Email: Email of contact person on study team.

Study Team Contact Phone: Direct line of contact person on study team.

Your Signature: Your signature is required to obtain access.

Principal Investigator Name is the printed name of the person who signed the request and authorized the user's access.

Principal Investigator Signature: Principal Investigator Signature is required to obtain access.

Principal Investigator Phone: Direct line of Principal Investigator.

Principal Investigator Email: Email of Principal Investigator.

Liz Robertson will email the user LogonID and password upon completion from UKHC IT Security & Identity Access Management.
If your request is urgent, please contact 859-323-0736.

Periodic reports of Research Monitor access will be created and passed to the Principal Investigator to verify appropriate access by the monitor. Inappropriate access must be reported to the UK HealthCare Privacy Officer at 859-323-8002.