

St. Luke's – Roosevelt Hospital Center

EmSTAT Confidentiality Agreement

I hereby accept access privileges to St. Luke's-Roosevelt Hospital Center (SLRHC) EmSTAT computerized patient information system, and I agree to the following:

I understand that my sign-on password is confidential and must not be shared with anyone, nor should any attempt be made to learn another person's sign-on/password.

I agree that I will not access or retrieve any EmSTAT system data (patient, clinical, financial, personnel, etc.) that does not directly relate to the performance of my duties at SLRHC. I agree to access information only on patients for whom I, my office or department, has responsibility and that this information is considered the patient's confidential medical record and it may not be released or shared without proper authorization.

I recognize that my sign-on code and password for access to EmSTAT are the equivalent of my signature and I accept full responsibility for any use or actions taken with them.

I understand that any person, who intentionally compromises confidential patient information, SLRHC data or EmSTAT system integrity, may be subject to disciplinary action up to and including termination from SLRHC.

I understand my access privileges will be revoked if any of the above agreements are violated.

Signature: _____ **Date:** _____

Print Name: _____

(Type or Print)



(*Required Information)

* Site Access (Check all that apply): St. Luke's Roosevelt

* Hospital Employee ID No: _____ * Office/Contact #: _____
(OR last 4 digits of SS#)

* MD Provider ID# (e.g. E000 or 009999): _____ * Beeper #: _____
(Not Prism ID)

* Long-range Beeper #: _____ * Email: _____

* Department: ER External Department (Non-ER): _____

Physician: License# _____ DEA# _____ NPI# _____

Resident: NPI# _____ DEA# AS 9148277 - _____ (enter last 4 digits)
(Rotation information) Start _____ End _____

Nurse ED/CPEP/Float (circle one) Systems/ Management _____

Clerical/ Support _____ Administrative/ Management _____

Student _____ Other (Specify) _____

Please complete, sign, and return at least 3 days prior to scheduled shift. All required information must be present and form must be signed or access will not be granted. Return to SLED Administrative Office, Plant 1, Suite 2104 or fax (212) 523-2186

USER ID AND PASSWORD

User ID*: first initial + last name i.e. Alvin Abutt = aabutt
(Must be small case)

***In cases of duplicate names, the administrator will assign a different user ID**

Password: TYPE 'password'

- You will than be asked to change your password
- Click "OK"
- In the "Old Password" field type 'password'
- Then enter and re-enter your new password
- The next time you sign on, use your new password
- **You must follow this same procedure for both sites**

When you logon to EmSTAT your name will appear in the lower left corner of screen and all your orders and observations will automatically default to your name.

TO CHANGE YOUR PASSWORD AFTER THE FIRST CHANGE:

- Click on the "Admin" button at the top of the ChartRack
- Select 'User Functions'
- Choose 'Change User Password'

NOTE: If you need your password "RESET" (e.g. password expired, not working) you must call the Hospital Helpdesk x236486.