



## Safeguards for Non-Employed Baptist Health South Florida (BHSF) Workforce Members Requesting Access to BHSF Clinical and/or Financial Systems

Patients who seek treatment at a Baptist Health South Florida (BHSF) facility have a federal right to keep their health information private. You are being granted access to BHSF clinical and/or financial systems to fulfill your job functions in relation to BHSF.

### To maintain patient privacy, you must follow these basic rules:

- You **are** allowed to look up a patient’s BHSF record if that patient has or is going to receive treatment in a BHSF facility by the physician.
- You **are** allowed to look up test results to prepare for a patient’s visit or to create a patient chart.
- You **are** allowed to look up address or phone numbers of a patient to ensure the physician record is accurate.
- You are **not** allowed to access your own BHSF records to obtain personal study results or other information to provide study results/records for your own personal physicians or other care provider(s).
- You are **not** allowed to access a BHSF record to obtain the SSN, address, phone number, date of birth, etc. for your child, spouse, friend or family member.
- You are **not** allowed to access a family member or friend’s record to obtain their study results for them to take to their doctor, even if they give permission. **Verbal permission is not authorization to access records in a BHSF system.**
- **Log Off!** Never walk away from a BHSF system with your sign on available. Information can be accessed in a minute with your sign on.
- **Never** share your username or your password.
- If you are a physician office staff member:
  - You **are** allowed to look up information to bill for services provided at a BHSF facility by the physician or to verify insurance benefits for a patient of the physician practice.
  - You are **not** allowed to access the record of a co-worker unless it is necessary for the physician who employs you to treat or bill for services.
  - Notify IT for new employees who require access to BHSF clinical and/or financial systems or have a change in job function.
  - The user ID provided to physician office staff is valid for use **only** within the physician practice listed on this form.
  - Should you require BHSF clinical and/or financial system access for use within another physician practice, or to add, remove, or change existing access, you must notify the BHSF Physician Allied Health Liaison (PAHL) team at 786-662-7879 [ITPAHL@BaptistHealth.net](mailto:ITPAHL@BaptistHealth.net) or for Bethesda contact 561-737-7733 ext. 84357 or [HelpDesk@bhinc.org](mailto:HelpDesk@bhinc.org)
- If you are a scribe:
  - If you are on-site, you **are** required to introduce yourself by providing your name, the name of the organization you are representing and its affiliation with BHSF, as well as an explanation of your role with respect to the patient’s care when engaging in direct patient contact.
  - If you are on-site, you **are** required to keep all paper documents containing patient information (e.g.; census, facesheet, etc.) in a secure location specified within your assigned BHSF facility.
  - You are **not** allowed to represent yourself as a BHSF employee.
  - You **are allowed** to document in the patient’s record on behalf of the physician for whom you are providing scribe services.
- **Sharing of passwords is prohibited.** Contact Baptist IT PAHL at 786-662-7879 or [ITPAHL@BaptistHealth.net](mailto:ITPAHL@BaptistHealth.net); or for Bethesda contact 561-737-7733 ext. 84357 or [HelpDesk@bhinc.org](mailto:HelpDesk@bhinc.org) to report any issues.
- Contact the BHSF HIPAA Hotline at 786-596-8850 or email [Privacy@BaptistHealth.net](mailto:Privacy@BaptistHealth.net) for questions or to report a privacy violation.

In accordance with federal law, BHSF will audit access to patient information to ensure appropriate access. Violations of the above safeguards can result in reduction or loss of access to all BHSF systems, not only for you but for the physician/physician group that employs and/or contracts you.

As an employee/contracted workforce member of Dr. \_\_\_\_\_ and/or Physician Group \_\_\_\_\_  
I, \_\_\_\_\_, understand and acknowledge the above safeguard requirements.

### I acknowledge and agree that I have completed the following:

- I have completed the HIPAA Privacy & Security Course located at <http://PrivacyCME.Baptisthealth.net> describing BHSF privacy policies and procedures. I understand that these policies govern the confidentiality of individually identifiable patient information created at BHSF and its affiliates. I will submit a copy of the Course Certificate via email to [ITPahl@BaptistHealth.net](mailto:ITPahl@BaptistHealth.net) or for Bethesda [HelpDesk@bhinc.org](mailto:HelpDesk@bhinc.org).
- I have read and understood BHSF [001.00-Unified Corporate Privacy Policy for HIPAA Compliance](#).
- I understand that it is my responsibility to protect the information contained in BHSF clinical and/or financial systems and to report any suspected violations of a patient’s privacy rights to the BHSF HIPAA Hotline or Chief Privacy Officer via [Privacy@BaptistHealth.net](mailto:Privacy@BaptistHealth.net) or 786-596-8850.
- I understand that it is my responsibility to notify BHSF IT when I no longer require access to any BHSF system by sending an email to [ITPahl@BaptistHealth.net](mailto:ITPahl@BaptistHealth.net) or for Bethesda [HelpDesk@bhinc.org](mailto:HelpDesk@bhinc.org)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Physician Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_