



# The Valley Hospital User ID Request Form - Non Valley Employee

**Fax or email form to:**

Fax Number: 201-447-8545

cmiller@valleyhealth.com

Information Systems Department – Help Desk

Phone Number: 201-447-8100

**NOTE: Must submit this form with a signed Confidentiality Statement**

**Name:** \_\_\_\_\_  
(Print Clearly)

**E-Mail Address:** \_\_\_\_\_  
(Required)

**Entity/Department/Billing Service/Physician Practice:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Requested Date of Completion:** \_\_\_\_\_  
(Please allow a one week turnaround time)

**Requesting Access to:**

Meditech via internet, includes Valleyphysician.com

Billing Service Access via internet

ASPIRE:  CAW  DMOS  EDSB  HASB  PDFRC  POMMS  RASB

The user setup should be identical to that of another employee with the same job functions.  
**Name of Employee:** \_\_\_\_\_  
(Print Clearly)

User has had a name change:  
Current: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature and Title (Required)** \_\_\_\_\_ **Date**  
(Management Staff or Physician Only)

**Telephone Number:** \_\_\_\_\_  
(Required)

**E-Mail Address:** \_\_\_\_\_  
(Required)

**Comments/Additional Software/Applications:**

**This form to be used for User ID Requests of Non-Valley Health System Employees Only!**

**Information Systems Use Only**

**Date Received:** \_\_\_\_\_

**Work Order #** \_\_\_\_\_

**The Valley Hospital  
Ridgewood, N.J.**



**NON-EMPLOYEE/ SERVICE PROVIDERS  
STATEMENT OF CONFIDENTIALITY**

I understand that the information that I will access through all Valley Hospital computer systems and manually generated records include sensitive and confidential patient information. I understand that it is my responsibility to maintain confidentiality of all information, both clinical and financial, entrusted to me.

I specifically understand that information regarding patients, employees and individuals affiliated with Valley Hospital is to be disseminated to only those individuals who have a need to know.

I agree to access information only on patients for whom I need to fulfill my project/service related responsibilities.

I understand the user ID/password assigned for access to any Valley Hospital Computer Systems is unique to me/service provider and for my use only. This code identifies me in the computer system. I am accountable for system access and entries performed with the security code.

I agree not to release the password assigned to anyone else. Service providers agree to release the password only to those employees on a need-to-know basis for the sole purpose of the project/service provided. I will not post, share or otherwise distribute the password. I will contact the Information Systems Department of The Valley Hospital immediately if I have reason to believe the confidentiality of the password has been broken. I will be required to create a new password.

Having been allowed remote access to The Valley Hospital Computer System, I will be held responsible for any violations of the above statements by any of my employees who have been given access to the computer systems.

By signing below, I acknowledge that I have read the above and accept the responsibilities associated with these statements. I understand that violation of any of the above agreed upon statements may result in immediate termination of my privileges to access the Information System.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name (print) (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness