



ITO HEALTHCARE GROUP

SERVING HAWAII FOR 25 YEARS

COMPUTER ACCESS-AUTHORIZATION Allow 3-5 Business Days to Process

TO BE COMPLETED BY USER

Last Name _____ First Name _____ MI _____

Job Title _____ Office Phone _____

Facility	Oahu Care Facility	Pearl City Nursing	CCMC	Kulana Malama
	MADC	Corporate		

Secret Phone Code

*Used to identify user when contacting IT staff
ie. tomato soup or 924457*

Security and Privacy Acknowledgment:

I am aware of and agree to abide by Information Security and Privacy Policies including, but not limited to:

- The unauthorized access to, possession, use, reading, copying, or alterations of facility's records; the unauthorized disclosure of information contained in such records; and the disclosure to any unauthorized employee, are strictly forbidden
- Information entered and activity in this system under my authorized user ID and password may be monitored and shall be my responsibility. My user ID and password are my signature. I may not:
 - share my user ID and password with anybody
 - leave a device to which I have signed on unattended
- Willful abuse or irregularity on my part - including not keeping my password secret or pressuring another person to share a user ID and password - shall be subject to disciplinary action.
- Policy violations will be sanctioned - up to and including immediate termination of employment or relationship, notification to regulatory agencies, and notification to law enforcement bodies, when warranted.

Signature _____ Date _____

TO BE COMPLETED BY REQUESTOR'S AUTHORIZING MANAGEMENT

Name _____ Job Title _____

User Start Date _____

Select Email EMR
Special Instructions

Signature _____ Date _____

TO BE COMPLETED BY CHIEF OPERATING OFFICER

Signature _____ Date _____

Once all three signatures are collected, submit to IT via <http://support.hawaiinursinghomes.com> (preferred) or interoffice mail