

Pacific Skilled Healthcare

COMPUTER ACCESS-AUTHORIZATION

Oahu Care Facility

Pearl City Nursing Home

Email

Kulana Malama

PCC

TO BE COMPLETED BY USER

Last Name _____ First Name _____ MI _____

Job Title _____ Cell Phone _____

Email _____

Password reset requests will be sent to the above email or cell phone

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 company records; the unauthorized disclosure of information contained in such records; and the disclosure to any unauthorized person, 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 _____

OCF Director Signature _____ Date _____

OCF Administrator Signature _____ Date _____

PCNH Director Signature _____ Date _____

PCNH Administrator Signature _____ Date _____

Kulana Director Signature _____ Date _____

Kulana Administrator Signature _____ Date _____

Email form to: account_authorization@icfsnf.com