



Remote Access Agreement Multi-Factor Authentication (MFA)

(for "employed" and "non-employed" requesters)

Confidentiality, HIPAA, Privacy, & Security

Using sensitive confidential data in remote locations requires the utmost discretion to assure that the information is safeguarded from all unauthorized viewing. Users granted this access are to use extreme care in making sure the screens are viewed privately and that the computer or access device is not left unattended while connected to the SVHC systems.

I am required to print protected information at my remote location and this has been approved by my supervisor.
 I am NOT required to print protected information at my remote location.

Any printed reports/images produced by this external access must be disposed of by shredding, incineration or other comparable disposal means to protect patient confidentiality.

One token will be provided to a user who meets the criteria set forth in the policies below:
[Confidentiality of Information](#) [External Network Access](#)

MFA Software

A MFA is a software application loaded on a smartphone.	Phone number for verification call: <input style="width: 90%;" type="text"/>	Email address: <input style="width: 90%;" type="text"/>
---	---	--

Multi-Factor Authentication helps safeguard access to data and applications while maintaining simplicity for users. It provides additional security by requiring a second form of authentication during the sign-in process.

End of Employment	Upon the notification of the employment termination the IS department will remove remote access.
-------------------	--

"Employed" Southwestern Vermont Health Care Requester

* Requester	I have read and agreed to the above conditions and understand that if I fail to follow the recommended guidelines; I could be held liable for damages caused by negligence.		
Role	<input type="checkbox"/> Department Director / Supervisor <input type="checkbox"/> Direct Care Provider <input type="checkbox"/> Executive Management Team (EMT) <input type="checkbox"/> Information Systems Staff <input type="checkbox"/> Provider <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>		
Department / Office Name	Address	City	Phone Number
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Requester's Printed Name	Requester's Signature	Date	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	

*** President/Vice-President/Chief Medical Officer/Director/Provider**

Cost Center: Is this employee exempt?
 Yes No

If non-exempt, you approve the employee will be compensated for work completed while using remote access? _____

Please initial

Approver's Printed Name	Approver's Signature	Date
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

* Human Resources	Approver's Signature	Date
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

** Signatures Needed*

"Non-Employed" Southwestern Vermont Health Care Requester

Section 3 - "Non-SVHC Employed" Requester

*** Requester** I have read and agreed to the above conditions and understand that if I fail to follow the recommended guidelines; I could be held liable for damages caused by negligence.

Name Office Name/Practice

Title/Role Address ,

Date of Birth Phone Number

Last 4 digits of SSN

EMR system used by Office/Practice?

What system(s) do you intend to use?

What will you be using them for?

*The above requested information will be used as identity verification for remote access support phone calls.
If this information is not provided, you can obtain your passwords at the SVMC Helpdesk (Monday-Friday 8:30 am - 4:00 pm)
by presenting with a valid photo ID.*

_____ Requester's Signature _____ Date

*** President/Vice-President/Chief Medical Officer/Director/Provider**

Remote access is specific to the individual requester and is **not** to be shared.

_____ Approver's Signature _____ Date

** Signatures Needed*

All Requesters

All requesters

If remote access is needed on a "temporary-basis", please provide end date:

**Please ensure ALL information is complete and return this agreement to the Information Systems Helpdesk.
*Incomplete forms will be returned.***

Forms can be returned to Information Systems by:

Email: Returned as an email attachment sent to: ishelpdesk@phin.org **preferred method*

Fax: (802) 447-5495

US Mail: 100 Hospital Drive – Box 64 - Bennington, VT 05201

For assistance, please call the IS Helpdesk at (802) 447-5411.

Information Systems Use Only - "Non-SVHC" Requesters

IS Department

For "Non-Employed" requesters, the below forms have been signed and are on file:

- Yes No NA [The Electronic Medical Records Access and Confidentiality Agreement](#)
 Yes No NA [The "Non-Employed Confidentiality Agreement" by requester.](#)

_____ Approver's Signature _____ Date