



essent

INFORMATION SYSTEMS ACCESS REQUEST FORM

ADD NEW USER, MODIFY EXISTING USER

USER ID (REQUIRED IF EXISTING USER)

FACILITY (REQUIRED)

SECTION A EMPLOYEE/USER INFORMATION

Table with columns: FIRST NAME, LAST NAME, M.I., WORK PHONE, LAST 4 DIGITS OF SS# OR BIRTH MONTH/DAY, JOB TITLE, JOB CODE, SUPERVISOR (Y/N), EMPLOYEE #, FACILITIES THAT ACCESS IS NEEDED FOR:, MOTHER'S MAIDEN NAME

Confidentiality Statement

Essent Healthcare, Inc. maintains strict confidentiality and security of all patient records in compliance with the Health Insurance Portability and Accountability Act (HIPAA), and other federal and state laws.

All workforce members are responsible for the proper use and protection of their passwords and must adhere to the following guidelines: Passwords are only to be used for legitimate access to networks, systems, or applications;

Employees are authorized access to such private information as a condition of employment to the extent necessary to perform their duties. As an Essent workforce member, you are required to protect against unauthorized access to such information, ensure the security and privacy of such information, and disclose any anticipated threats or hazards to such information.

I have read, understood, and agree to comply with this confidentiality statement. I agree not to release or disclose any confidential Company information at any time during or after my employment with Essent unless required to do so by law.

User/Employee Signature: _____ Date: _____

SECTION B MEDITECH ACCESS

Live Test Access Profile (Listed in Policy): _____

SECTION C NETWORK ACCESS

E-mail - Specify Group(s) _____ Network Folder(s) - Specify _____

Kronos Internet Other (Specify) _____

SECTION D REMOTE ACCESS

Applications: Network Drive, Kronos, MEDITECH, E-care, Net Results; Method: CITRIX, VPN, RAS, Dial-Up

SECTION E FACILITY APPROVALS

MANAGER/SUPERVISOR NAME (PRINT): _____ E-MAIL: _____
MANAGER SUPERVISOR SIGNATURE: _____ DATE: _____ PHONE #: _____
FACILITY SECURITY OFFICER NAME (PRINT): _____ E-MAIL: _____
FACILITY SECURITY OFFICE SIGNATURE: _____ DATE: _____ PHONE #: _____

SECTION F CORPORATE APPROVAL

CORPORATE SECURITY OFFICER SIGNATURE: _____ DATE: _____ PHONE #: _____
RECEIVED DATE: _____ COMPLETED DATE/BY (INITIALS): _____ NOTIFIED (Y/N): _____



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INSTRUCTIONS FOR COMPLETION

PLEASE NOTE: ALL INFORMATION MUST BE COMPLETED IN ITS ENTIRETY AND THE CERTIFICATION STATEMENT MUST BE SIGNED BY THE USER BEFORE THIS FORM WILL BE ACCEPTED/PROCESSED BY THE CISD HELP DESK.

Facility Responsibilities

- Any individual requesting system access must complete and sign the information system security access form (form # ISF-001).
- The correct option at the top of the form should be checked (add new user or modify existing user).
- The form must be reviewed and approved by individual's manager or supervisor. In the event that the individual is a physician requesting access, the Chief Financial Officer (CFO) of the facility or a designee must approve the request. Once approved, Form ISF-001 must be submitted to the Facility Security Officer ("FSO") for review and approval.
- Access will be based on Access Profiles defined in Appendix "A" of policy ISP-001.
- Upon the approval of the FSO, the form must be faxed to CISD Help Desk at (615) 312-4109.

CISD Responsibilities

- CISD Help Desk will receive all faxed requests.
- CISD Help Desk shall maintain all signed access request forms permanently.
- All requests will be reviewed and approved by CSO or designee.
- Upon final approval, the designated Essent Help Desk employee will enter the new user in the system and grant them with the appropriate access and a one time password that will expire after the first sign on. During the first sign on, the user will be prompted to enter a new password.
- Once the new user has been granted access, the CISD Help Desk will notify the new user and will retain the approved form in CISD permanent files.
- All forms will be processed within 24 hours if received during normal business hours (8:30 AM EST – 5:30 PM EST).