Rancho Los Amigos National Rehabilitation Center
INFORMATION MANAGEMENT SERVICES
POLICY AND PROCEDURE

RANCHO

SUBJECT: **CLIS System Access**	**Policy No.:** 504
	Supersedes: 4/24/00
	Revision Date: 7/21/03
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I. PURPOSE:

Establish accountability and continuity in maintaining security of the Clinical Laboratory Information System (CLIS) application and confidentiality of patient information. This policy will control access to the CLIS application.

II. POLICY:

Controlling and issuing authorization to access the CLIS is the responsibility of the CLIS System Manager or alternates. Only the CLIS System Manager or alternates are to issue user ID's and passwords.

CLIS System Manager   Primary: Ext. **7306**

III. PROCEDURE:

REQUESTING A USER ID

A System Access Request form (SAR) must be completed and signed by an authorized department or section head in order for the CLIS System Manager or alternates to issue a CLIS User ID.

The following are the steps required to request access to the CLIS:

1. The requestor completes an System Access Request form (Attachment A), with the following information:

Name (Last, First MI)	Phone/Extension
Department/Unit	Employee Number
Work Location Bldg/Room	Job Title
Type of Access:	Check specific access requirements
Signatures and Dates:	Authorized Supervisor/Dept Head

2. Enter CLIS on the "OTHER (Specify):" line.

3. Forward the approved forms to:

   Help Desk
   Information Management Services
   Bldg. 100, Basement, Room 12

4. The Help Desk forwards to the CLIS System Manager or alternates who will determine the proper security level according to the CLIS Operations Manual, Chapter III and enter the user into the CLIS.

5. The users are given a System User Code Acknowledgment (Attachment B) with their User ID in a hand carried sealed envelope. Upon delivery the security procedures are discussed and reinforced with the user.

RANCHO LOS AMIGOS NATIONAL REHAB CENTER
INFORMATION MANAGEMENT SERVICES
System Access Request

USER INFORMATION

Name (Last, First, MI)	Phone / Extension
Department / Unit	Employee Number
Work Location Building / Room	Job Title

NETWORK ACCESS   [ ] Add   [ ] Delete

E-MAIL ACCOUNT   [ ] Add   [ ] Delete

AFFINITY ACCESS   [ ] Add   [ ] Delete   [ ] Change User Group (Menu)

Application Modules (Check all that apply) :   **User Group Name :**

[ ] Registration   [ ] Patient Scheduling   [ ] Order Control _____   **(Or Same-as Person)**

[ ] Medical Records   [ ] Case Management   [ ] Department Management   **User Primary Location:**

[ ] Quality Management   [ ] Utilization Management [ ] Chart View [ ] Health Notes

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HBOC ACCESS (*requires network access*) **[ ] Add   [ ] Delete**

TSO ACCESS   [ ] Add   [ ] Delete

Please attach the Internal Services Department [] REGISTRATION FOR ACCESS TO THE DOWNEY IBM DATA CENTER [] form.

CLIS [ ] / RTIS [ ] / WEBRX [ ] / PADI [ ] / OTHER (Specify) [ ]   [ ] Add   [ ] Delete

SIGNATURES   Print Supervisor/Dept Head's Name: Phone #:

User Signature Date	Supervisor/Dept Head/PLSO Signature Date
HAC/Other Trainer Signature Date	This certifies the above user was (will be) trained on _____ For the Affinity Applications or User Group/Menu requested above.

THIS SECTION TO BE COMPLETED BY IMS STAFF

<u>**Information Systems**</u>   Date Received:

Date Processed:_____   Processed By:

<u>**System Manager:**</u>	<u>**User information:**</u>
Date Received:	Primary Server:
Date Processed:	User ID:
Processed By:	

Distribution: Original – Help Desk   Copies – Affinity, Network, and E-Mail managers (as appropriate)

RANCHO LOS AMIGOS
NATIONAL REHABILITATION CENTER

SYSTEM USER CODE ACKNOWLEDGMENT

System Name: _____

User Name:

User Group:

User Code:

Password:

You will use the User Code and Password above to access the particular system noted. As an employee and user of the system, it is your responsibility to protect all County information and information processing resources to which you have access. This includes, but is not limited to, the following:

<   **Protecting your user code.**

<   **Not sharing your user code.**

<   **Logging off before leaving a terminal.**

<   **Not leaving any terminal unattended while material information is on screen.**

If you have any questions or need clarification on any of the above, please contact your supervisor or Local Security Officer for system indicated.

DISTRIBUTION: Original - User   Confidential - Do not copy   USERACK.DOC