LARKIN COMMUNITY HOSPITAL

Information Technology Department
1475 W 49 PL Hialeah, FL 33012
305|816-1930

Access Request Form

Is the person from an Agency? ☐ YES ☐ NO

Employee Name: _____ Last 4-digits of SSN: _____

Department: _____ Department Head: _____

Position: _____ Date Requested: _____

Company (If it applies): _____

***** IF the user is a Resident or Fellow Resident, please fill these fields below*****

NPI Number: _____

Florida Medical License Number: _____

Contact Number: ( ) ___ - ____

Larkin Community Hospital Information Technology Policies & Procedures

CONFIDENTIALITY STATEMENT

It is the responsibility of all the employees of Larkin Community Hospital, and its subsidiaries to protect the Confidentiality of the medical records and privacy of all patients. The patient has a legal right to privacy concerning his/her medical record. It is the obligation of every employee from Larkin Community Hospital to uphold that right. For this reason, no member of the hospital to whom medical records or patient information is available may in any way violate this confidentiality except with the written consent of the patient and in accordance with Larkin Community Hospital policy, rules and regulations, and Larkin Community Hospital State Administrative Code.

Employee Signature: _____ Date: _____

Department Director Signature: _____ Date: _____

☐ Pyxis ☐ Clinical View ☐ Medhost GUI ☐ Email Access ☐ PAC (Radiology)

☐ EDIS ☐ Meal Card ☐ DMS

Additional Notes: