USER REGISTRATION / MENU AND SECURITY KEY REGISTRATION

Requestor Name: _____

Mailing Address: _____
Street Address

_____, _____
City State

_____
Zip Code

Phone #: _____ - _____ - _____

** Fax request to (253) 968-3474 or DSN 782-3474 to the attention of Deana or Lissette

USER REGISTRATION / MENU AND SECURITY KEY REGISTRATION

PRIVACY ACT OF 1974

AUTHORITY: 10 U.S.C., Section 3013.
PURPOSE: Information will be used to authenticate that the individual is an authorized user or health care provider in a MAMC Health Care or Support System and to update the MAMC emergency notification roster.
ROUTINE USES: Information may be disclosed outside of DOD agencies as outlined in AR 340-21, para 3-2 (Blanket Routine Uses).
DISCLOSURE: Providing information is voluntary; however, failure to provide the information may delay your access to a MAMC Health Care or Support System.

*The following information is required before a user can access passworded systems. Complete all fields **legibly** and in **ink**.*

LAST NAME | **FIRST NAME** | **MI** | **RANK/GRADE**

SSN | **DUTY PHONE** *(i.e., 968-0000)* | **TITLE** *(i.e., Chief of PAD, PAS Clerk, Wardmaster, etc.)*

DEPARTMENT | **BRANCH/CLINIC**

SERVICE

☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ COAST GUARD ☐ MARINE CORPS ☐ CIVILIAN

BRANCH

☐ MS ☐ MC ☐ AN ☐ VC ☐ DC ☐ SP ☐ ENL

☐ CONTRACT (Company Name) ☐ OTHER

CPU [redacted] # | **ROOM # OF CPU LOCATION** | **[redacted]E-MAIL ADDRESS** *(i.e., John.Doe@us.army.mil)* | **DATE DEPARTING [redacted]** *(Student, Reserve, Temporary and Contract Personnel)*

PASSWORDS ARE NEEDED FOR THE FOLLOWING SYSTEMS:

☐ NT (Internet/Hospital Network)
☐ Outlook/Exchange (Hospital E-Mail)
☐ CHCS (Medical Outpatient System)
☐ CIS (Medical Inpatient System)
☐ AKO (Army Knowledge Online)
☐ TSACS (Laptop/Home PC Connection)
☐ LCR Card (Telephone Long Distance)
☐ MDIS (Online X-Rays)
☐ DBSS (Blood Bank System)
☐ MODS (Military Occupational Data)
☐ TPOCS (Third Party Collection)
☐ DMLSS (Defense Medical Supply)
☐ ORMA (Operating Room Med System)
☐ MEDBASE (Soldier Readiness)
☐ MEPRS (Medical Expense Reporting)
☐ NMIS (Nutrition Care System)
☐ TRICARE ONLINE
☐ Dictation
☒ Other: 198.250.14.41 ACCESS (NT ACCOUNT)

CONFIDENTIALITY AND PASSWORD PROTOCOL STATEMENT

This document verifies that I have read and understand my responsibilities for safeguarding my password and the integrity of the system(s) I access.

The Privacy Act of 1974 imposes responsibilities to prevent misuse or compromise data concerning individuals. It has three main provisions:

a. ***Confidentiality of Information.*** Most of the information within the MAMC Health Care and Support Systems is sensitive, personal, medical information. Only authorized persons or agents are allowed to disclose this information. Personnel not involved in a patient's care, in medical research, or with a need to know will not access a patient's record.

b. ***Data Integrity.*** Patient treatment decisions are made from the health care information. Users of the MAMC Systems are responsible for ensuring that all data entered is accurate.

c. ***Data Security.*** The third provision of the Privacy Act requires safeguards for confidential and secure records. This entails protective measures for preventing accidental or malicious alteration, destruction, or disclosure of personal information which could effect medical care or the patient's privacy.

I am responsible for following all security related guidelines as outlined in DOD and DA directives. My access code, verify code and password are not to be disclosed. This password code is unique to me. IT MUST BE KEPT CONFIDENTIAL. Every action I make on the system becomes part of an audit trail that will be monitored by the Network Administrator of Systems Manager.

I must memorize my password and will not make or leave a written record of my password.

If I suspect that someone else is using my password, I will notify the MAMC Information Assurance Security Officer (IASO) and requests a new password from the Systems Manager.

If I observe or suspect that anyone is misusing or is not authorized to use MAMC Health Care or Support Systems, I am obligated to report this information to my supervisor or IASO immediately.

I understand that I am specifically prohibited from using any other person's password. I understand that I am also prohibited from attempting to enter the system by guessing or randomly entering passwords.

I understand that my access does NOT, in and of itself, give me authority to disclose patient data to anyone or to access records under false pretenses.

I have read and understand the security guidelines given above, the necessity for safeguarding my password and the integrity of MAMC Health Care and Support Systems. I understand that if I divulge information that is protected by the Privacy Act or my password, I may be prosecuted under the Uniform Code of Military Justice or the United States Code (5 U.S.C., 552a(i)).

POC:

Lissette Arroyo-Ortiz
Quality Surveillance Analyst (QSA)
Lead Agent, Contract Services
(253) 968-3420

Deana Swiger
Administrative Contracting Officer Rep. (ACOR)
Lead Agent, Contract Services
(253) 968-1546

SIGNATURE OF USER	DATE

MAMC FORM 1629-A, 1 JUL 02