



**Johns Hopkins Medicine Center for Information Services
Operating Room Management Information System
(ORMIS)
Access Request Form**

I understand that any patient medical or non-medical information belongs to the patient and that JHM only permits me to access such information to the extent that providing or supporting the provision of patient care in the performance of my duties is necessary. I also understand that all medical and personal information regarding patients is confidential and, unless directly related to the care of patients and authorized by JHM policy, I will not reveal it or discuss it with other patients, friends, relatives or anyone else within or outside JHM.

I understand that if issued an ORMIS access user id, I must keep the user id and password confidential and safeguard them from disclosure to any unauthorized person. I understand that my access is only to be used in carrying out my duties. I therefore certify that I will not disclose the user id and password assigned to me to any other individual nor will I allow any other person to use my user id and password to access the ORMIS system. I likewise agree not to use another employee's assigned user id and password to obtain access to the ORMIS system even if for the express purpose of performing my duties. I further understand that JHM considers access user ids and passwords to be confidential and that any unauthorized disclosure or use of the codes constitutes a breach of that confidentiality.

Since my user id constitutes the electronic version of my signature, I understand that I will be held accountable for all work performed under my user id. As a result, I affirm that I will not permit any other employee to obtain information from the ORMIS system through the use of my user id and password and I will not leave the computer logged on and unattended and/or otherwise available for unauthorized use under my user id and password. In the event I believe that the use or confidentiality of my user id and password has been compromised; I will immediately change my password on-line and inform my supervisor as well as the JHMCIS Security Manager.

I understand that if I violate the provisions of this Computer Access Agreement I will be subject to disciplinary action up to and including termination or revocation of employment privileges by JHM on the first or any subsequent violation.

1. Your Information

First Name _____ MI _____ Last Name _____
(PRINT) (PRINT)

Title: MD _____ CRNA _____ SRNA _____ RN _____ PA _____ Other _____ Dept or Service _____
*SRNA must be credentialed for Time Stamping

JHED ID _____ Badge ID # _____ Provider ID (if applicable) _____

Contact Phone Number or pager: _____ Email (for notification) _____

2. Training:

Date Trained: ____/____/____ Who did the training? JHMCIS staff
 Departmental
 Viewlet or Computer Based Training
 Other (Explain) _____
 N/A (View only or eReports only)

Security Coordinator or Department Manager (or Designee) Signature: _____

Print: _____

3. Special Access (Remote Schedulers only)

Which surgeon(s) do you post cases for? *** Include Provider id

4. Do you need access to eReports? Yes _____ No _____

Your Signature: _____

ORMIS Access Request Form

5. Site(s) Needed:

Indicate both primary site & additional sites (if applicable) you are associated with

SITE	Primary site	Additional site(s)
CVDL		
ECHO EAST		
ENDO EAST		
ENDO WEST		
GOR		
JHOC		
WEINBERG		
WILMER		
WILMER GREENSPRING		
REMOTE ANESTHESIA		

6. Indicate your role (Circle a single role)

Scheduler	Central Scheduler Remote Scheduler/MOC	
Nursing	IntraOp RN PeriAnesthesia, PreOp or PostOp RN Charge Nurse/Coordinator Administrative RN Research RN	
Anesthesia	Anesthesiologist Attending → Anesthesia Fellow Anesthesia Resident Nurse Anesthetist (CRNA/SRNA*)	Anesthesia Coordinator? Yes No
Surgery	Attending Surgeon Surgical Fellow Surgical Resident Procedure Physician "Other" Physician (Please specify) →	
Patient Service Coord	Patient Service Coordinator PEC (CDC) Center Staff	
Associates	OR Associate Support Associate Clerical Associate	
Technicians	Surgical/Anesthesia Technician CVIR or CVDL Technician Echo Technician	
Materials Management	Case Cart Staff	
Billers	Patient Service Coord Billing Coordinator	
Information Technology	LAN Administrator Remote IT ACCM Central IT Admin	
Help Desk	Help Desk Operator	
Other	Perfusionist Administrator Physician Assistant Other (Please specify): → →	

JHH ORMIS Staff	Employee # Assigned:	Assigned By:	Date Assigned and Emailed to JHMCIS Security:
JHMCIS Security		Assigned By:	Date Completed and Emailed to User