



## SETON FAMILY OF HOSPITALS COMPASS ACCESS AGREEMENT

THIS FORM WILL NOT BE PROCESSED IF IT IS NOT PROPERLY COMPLETED AND SIGNED BY EACH USER AS INDICATED ON THE COMPASS ACCESS INSTRUCTION SHEET.

Office / Clinic Name:		Date:	
Office / Clinic Address:			
Office / Clinic Manager:		Signature:	
Office / Clinic Email:		Phone:	
Credentialed Physician:		Signature:	

Physician office and clinic staff must sign this agreement to receive a Seton Network and a COMPASS account. This agreement serves as a contract indicating that you agree to abide by all of the Seton Family of Hospitals (Seton) policies including, but not limited to: confidentiality policies, information systems policies, and the following statements: **An authorized user ID and password is required to access the Seton Network and the COMPASS system. Your user ID is your computer signature and your password should not be disclosed to anyone. The system maintains an audit log of user activity which includes what information has been accessed. Information accessed with your user ID is presumed to have been accessed by you. You must maintain confidentiality of all data accessed from any Seton system. Do not leave patient data visible on the computer screen while you are not present. Log off COMPASS prior to leaving the computer terminal. If you print from COMPASS, such printouts are also subject to Seton policies. Your access will be terminated for non-compliance. You may also be subject to civil or criminal legal penalties if you violate the confidentiality of patient data. If you believe your password has been disclosed, you must change your password immediately or call the Seton Service Desk at 324-1675.**

The Physician's Office is required to immediately notify the Seton Service Desk upon termination of any COMPASS users listed below. Failure to do so is a violation of Seton policy.

↓ Printed Name Signature, Title  Last Name      First Name      Middle Initial	SSN	POSITION (Select ONLY 1)						LOCATION(S) (Key Below)												
	Last 4 SSN Digits for Password Reset Verification	Physician	Allied Health II	RN PI	LVN PI	Clinical Basic	Financial Basic	BH	DCMCCT	SCP (Clinic)	SEBD	SHC-C	SHL	SHL-C	SMCA	SMCH	SMCW	SNW	SP (Clinic)	SSW
Signature		Title																		
Signature		Title																		
Signature		Title																		
Signature		Title																		
Signature		Title																		

**FAX THIS COMPLETED FORM TO SETON INFORMATION SERVICES AT: 380-0641**



## SETON FAMILY OF HOSPITALS COMPASS ACCESS INSTRUCTION SHEET

Seton Network and COMPASS accounts will be granted to only the staff of physicians credentialed with Seton Family of Hospitals' Medical Staff Office.

Access to patient information will only be granted to those facilities which the supervising physician is credentialed with the Seton Family of Hospitals.

The office/clinic manager will be held responsible for ensuring staff completes all required training prior to distributing account information to users.

In addition to the individual user, the supervising physician (who must be a member of the Seton medical staff) and the office/clinic manager are responsible for maintaining the security of all patient data accessed through COMPASS as required in this agreement.

User names and passwords will be issued through Seton Information Services. User names will usually be first initial, middle initial and last name, no spaces, no periods, no special characters. A numeral may be assigned after the name to create a unique sign-on. Users will be prompted to change the default password assigned by Seton Information Systems with the first login to COMPASS.

Please print additional copies of the COMPASS Access Agreement, as necessary, to provide signature space for each member of your staff.

### How to fill out the COMPASS Access Agreement

↓ Printed Name Signature, Title				SSN	POSITION (Select ONLY 1)						LOCATION(S)													
					Last 4 SSN Digits for Password Reset Verification	Physician	Allied Health II	RN	LVN	Clinical Basic	Financial Basic	BH	DCMCCT	SCP (Clinic)	SEBD	SHC-C	SHL	SHL-C	SMCA	SMCH	SMCW	SNW	SP (Clinic)	SSW
Initial	Last Name	First Name	Middle	6 7 8 9				X							X							X	X	
Signature <i>Jane A Doe</i>				Title <i>RN</i>																				

### COMPASS Position Key

POSITION (Only ONE Per Person)	GENERAL CATEGORIES OF STAFF
AHAU_Allied Health II	Advanced Practice Nurse, Physician Assistant, Midwife, CRNA (Non-Seton Credentialed)
AHAU_RN P1	All RNs
AHAU_LVN P1	All LVNs
AHAU_Clinical Basic	MAs, Office Staff requiring access to patient clinical data. Basic clinical, demographic, charges views.
AHAU_Financial Basic	Basic financial views: Office Billing Staff, insurance, etc. No viewing clinical data or reports
AHAU_Physician	Physicians, MDs, DOs, etc. ONLY Seton Credentialed Physicians are given COMPASS access

### COMPASS Location Key (My patients originate from...)

BH	University Medical Center at Brackenridge	SMCA	Seton Medical Center Austin
DCMCCT	Dell Children's Medical Center of Central Texas	SMCH	Seton Medical Center Hays
SCP	Seton Cedar Park (Clinic)	SMCW	Seton Medical Center Williamson
SEBD	Seton Edgar B Davis	SNW	Seton Northwest
SHC -C	Seton Healthcare Clinics	SP	Seton Pflugerville (Clinic)
SHL	Seton Highland Lakes	SSW	Seton Southwest
SHL-C	Seton Highland Lakes Clinics		