



## SETON HEALTHCARE FAMILY 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:	

COMPASS access may be provided to physician office and clinic staff individual users for **job-related purposes related to treatment, payment or healthcare operations for Seton patients**. Physician, manager and individual users **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 Healthcare Family (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 may be terminated immediately if inappropriate access is verified.** 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 user listed below. Failure to do so is a violation of Seton policy.**

Please see instruction page for more information			Last 4 SSN Digits	Month and Day of Birth	POSITION Select ONLY One		*Check if working inside Seton hospitals	LOCATION(S) (Key Below)									
↓ Printed Name Signature, Title	Last 4 SSN Digits Required	Month/Day of Birth Required	Allied Health II	Basic View	On Site at Hospitals?]	DCMC	DSMC-UT	SEBD	SHL	SMCA	SMCH	SMCW	SNW	SSW			
Last Name	First Name	Middle Initial															
Signature																	
Title																	
Signature																	
Title																	
Signature																	
Title																	

Completed form may be faxed or emailed to SETON INFORMATION SERVICES AT: 512-380-0641  
Email: [Compass-Accounts@seton.org](mailto:Compass-Accounts@seton.org)



## SETON HEALTHCARE FAMILY COMPASS ACCESS INSTRUCTION SHEET

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

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

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. A unique username will be created for each user. Users will be prompted to change the default password assigned by Seton Information Systems with the first login to COMPASS.

**Fill out the COMPASS Access Agreement COMPLETELY. Include the last 4 SSN digits, mark only ONE position, and mark one or more locations. Be sure the form is signed by all parties. Clinicians working in Seton hospitals please mark Yes in the column provided.**

↓ Printed Name Signature, Title			Last 4 SSN Digits	Month & Day of Birth	POSITION (Select ONLY One)		*Check if working inside Seton Hospitals	LOCATION(S)								
					Allied Health II	Basic View		DCMC	DSMC-UT	SEBD	SHL	SMCA	SMCH	SMCW	SNW	SSW
Last Name	First Name	Middle Initial	Last 4 SSN Digits for Password Reset Verification	Month/Day of Birth	Allied Health II	Basic View	Onsite at hospitals?	DCMC	DSMC-UT	SEBD	SHL	SMCA	SMCH	SMCW	SNW	SSW
Doe	Jane	A	6 7 8 9	08-01		X	Yes	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_Basic View	All Other Staff, RN, LVN, MA, Clerical, Financial-View only clinical data, Scheduling functionality

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

DCMC	Dell Children's Medical Center		
DSMC-UT	Dell Seton Medical Center at the University of Texas	SMCH	Seton Medical Center Hays
SEBD	Seton Edgar B Davis	SMCW	Seton Medical Center Williamson
SHL	Seton Highland Lakes	SNW	Seton Northwest
SMCA	Seton Medical Center Austin	SSW	Seton Southwest