



SETON HEALTHCARE FAMILY COMPASS ACCESS AGREEMENT

THIS FORM WILL NOT BE PROCESSED IF IT IS NOT PROPERLY **COMPLETELY** 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: | |

Travis County Health Care District and clinic staff **must sign this agreement** to receive a SETON Network and a COMPASS account. 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**. 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 Travis County Health Care District is required to immediately notify the Seton ServiceDesk upon termination of any COMPASS user listed below. Failure to do so is a violation of Seton policy.

| ↓ Printed Name Signature, Title Last Name First Name Middle Initial | SSN | DOB | POSITION (Select ONLY One) | | LOCATION(S) | | | | | | |
|---|----------------------------|---------------------------------|--------------------------------------|-------------------------------|-------------|---------|------|------|------|-----|-----|
| | Last 4 SSN Digits Required | Month and Day of Birth Required | City of Austin Clinical | City of Austin/Clerical Admin | DCMC | DSMC-UT | SMCA | SMCH | SMCW | SNW | SSW |
| | | | | | | | | | | | |
| Signature | | | | | Title | | | | | | |
| | | | | | | | | | | | |
| Signature | | | | | Title | | | | | | |
| | | | | | | | | | | | |
| Signature | | | | | Title | | | | | | |
| | | | | | | | | | | | |
| Signature | | | | | Title | | | | | | |

FAX THIS COMPLETED FORM TO SETON INFORMATION SERVICES AT: 380-0641
Or email to 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 the Seton Healthcare Family 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.

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

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.

| Printed Name Signature, Title | | | SSN | DOB | POSITION (Select ONLY 1) | | LOCATION(S) | | | | | | | | |
|----------------------------------|-----------|------------|--------|--|-------------------------------|-------------------------------|-------------|---------|------|------|------|-----|-----|--|--|
| | | | | | City of Austin Clinical | City of Austin/Clerical Admin | DCMC | DSMC-UT | SMCA | SMCH | SMCW | SNW | SSW | | |
| Initial | Last Name | First Name | Middle | <i>Last 4 SSN Digits for Password Reset Verification</i> | <i>Month and Day of Birth</i> | | | | | | | | | | |
| Doe | Jane | A | 1234 | 08-01 | X | | X | X | | | | | | | |
| Signature <i>Jane A Doe</i> | | | | | Title RN | | | | | | | | | | |

COMPASS Position Key

| POSITION (Only ONE Per Person) | GENERAL CATEGORIES OF STAFF |
|--------------------------------|--|
| Basic View | Staff requiring access to Patient Records (PowerChart) ONLY |
| City of Austin/Clerical Admin | Staff requiring access to BOTH Scheduling and Patient Records (PowerChart) |

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

| | |
|---------|--|
| DCMC | Dell Children's Medical Center |
| DSMC-UT | Dell Seton Medical Center at the University of Texas |
| SMCA | Seton Medical Center Austin |
| SMCH | Seton Medical Center Hays |
| SMCW | Seton Medical Center Williamson |
| SNW | Seton Northwest |
| SSW | Seton Southwest Healthcare Center |