

SBUMC Connect application instructions

1. Scroll down to the next page and click on the fields in order to enter all the information that is required onto form.
2. After filling out the Campus ID Form and Confidentiality Agreement, print the documents with the completed information.
3. Sign both documents and fax the completed and signed documents to 638-4077
4. Within 10 business days you will receive an e-mail confirming the completion of your account.
5. Click on the link in the e-mail and follow the steps to obtain your user name and password.

For any questions or problems please call 444-4753

Campus Card Application

SECTION 1: MUST BE COMPLETED BY ALL- - PLEASE PRINT

Phone number 638-4070

Fax completed form to: 638-4077 or mail to: Physician Outreach Office, 188 Belle Mead Rd, E Setauket, NY 11733

Section 1

Last Name

First Name

Name		
Stony Brook ID Number	<div style="display: flex; justify-content: center; gap: 5px;"> </div>	
Driver Lic. Number Not needed if you already have a Stony Brook ID Number Photo ID required for all new accounts	*Your Driver License number will be secured by Hospital IT <div style="display: flex; justify-content: center; gap: 10px;"> - - </div>	
Practice Name:		
Title:		

DOB
Month/Day/Year

-

-

Medical Staff at SBUMC

Non-Medical Staff at SBUMC

OFFICE ADDRESS: _____

OFFICE TELEPHONE: _____

EMAIL ADDRESS (Mandatory): _____

Security Question
(You must pick at least 3, which will alternate each time)

1. Mother Maiden name?
• _____
2. Mother/Father birthday?
• _____
3. First Car?
• _____
4. Which city where you born in?
• _____
5. Name of your first pet?
• _____
6. Your Favorite color?
• _____
7. Create your own security Questions?
• _____

Stony Brook ID Regulations

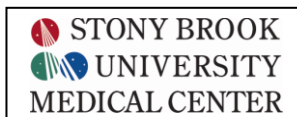
- The Stony Brook ID number is the property of the issuer
- The Stony Brook ID shall not be transferred, altered or tampered with in any way
- *Your Stony Brook ID number will be used to grant access to computer systems. You must keep your ID number secured.
- *Your ID number will be used when calling the IT Help Desk (444-4753) for any password problems.
- *Photo Id required

I have read and agree to the terms and conditions listed above _____

Signature (Required)

I attest that the individual named above is an employee under my supervision in my private practice. I will ensure that the confidentiality of the patient health information that the employee has access to on the SBUH information systems will be maintained."

Physician Signature: _____ Date: _____



Stony Brook University Medical Center

Workforce & Electronic Information Access Confidentiality Acknowledgement Statement

Important: Please read all sections. If you have any questions; have them answered before signing.

1. Confidentiality of Patient Information:

- a) Services provided to patients are private and confidential;
- b) Patients provide personal information with the expectation that it will be kept confidential and only be used by authorized persons as necessary;
- c) All personally identifiable information provided by patients or regarding medical services provided to patients, including oral, written, printed, photographic and electronic (collectively the “Confidential Information”) is strictly confidential and is protected by federal and state laws and regulations that prohibit its unauthorized use or disclosure;
- d) In my course of employment/affiliation with Stony Brook University Hospital (SBUH), I may be given access to certain Confidential Information;
- e) In accordance with New York State Public Health Law Article 27-F and Part 63 of 10 NYCRR AIDS Testing and Confidentiality of HIV-Related Information; no person who obtains confidential HIV-related information in the course of providing any health or social service or pursuant to a release of confidential HIV-related information (any information that indicates that a person has had an HIV-related test, such as an HIV antibody test; has HIV-infection, HIV-related illness, or AIDS; or has been exposed to HIV) may disclose or be compelled to disclose such information. Illegal disclosure of confidential HIV-related information may be punishable by a fine of up to \$5,000 and a jail term of up to one year; and
- f) New York State Mental Health Law § 33.13 governs the protection, confidentiality and disclosure of behavioral health services/psychiatric care/substance abuse. The law strictly limits disclosure of mental health related information. *All* disclosures of mental health related information in oral, written, and electronic form require an authorization signed by the patient/individual or their personal representative.

2. Disclosure, Use and Access of Electronic or Hard Copy Confidential Information:

Any information acquired or accessed during the performance of work at SBUH in the course of assigned duties or in contact with any of SBUH affiliates must be kept confidential. This applies to all HIPAA Protected Health Information (HIPAA-e-PHI) and includes employee information, financial information, research information and SBUH business affairs.

Each individual working in the SBUH computer systems environment is responsible for protecting the privacy of the SBUH patients’ information (HIPAA-e-PHI), employee information, financial information, research information and SBUH business information. They must also take care to preserve confidentiality of such information in conversations, and in handling, copying, storage of, and disposal of documents and any and all electronic media that contains such information.

Access to SBUH networking systems and HIPAA-e-PHI systems, employee information systems, financial information systems, research information systems and SBUH business affair systems is permitted on an as needed basis only for the required performance of assigned responsibilities and does not allow access to any information that is not part of one’s duties and responsibilities on a need to know basis, including one’s own personal electronic information. The HIPAA privacy regulation allows for copies of personal information when requested through proper channels. Any violation of this acknowledgement or SBUH and SBU policies and procedures is strictly prohibited.

SBUH networking and computer systems require access approval to obtain user passwords for accessing systems. Each person is responsible for maintaining confidentiality by never sharing passwords or access and always locking or logging off an application, terminal or workstation when leaving an area. Each person is accountable for all activity under their password, account and or electronic signature. Such activity may be monitored.

Disclosure of confidential information is prohibited even after termination of employment, contract or any business agreement/relationship unless specifically waived in writing by an authorized party who has consulted with SBUH Legal Counsel and/or the SBUH Information Security Officer.

I agree that, except as authorized in connection with my assigned duties, I will not at any time use, access or disclose any Confidential Information to any person (including, but not limited to co-workers, friends and family members). I understand that this obligation remains in full force during the entire term of my employment/affiliation and continues in effect after such employment/affiliation terminates.

3. Confidentiality Policy

I agree that I will comply with confidentiality policies that apply to me as a result of my employment/affiliation.

4. Return of Confidential Information

Upon termination of my employment/affiliation for any reason, or at any other time upon request, I agree to promptly return to Stony Brook University Hospital or my employer any copies of Confidential Information then in my possession or control (including all printed and electronic copies), unless retention is specifically required by law or regulation.

5. Periodic Certification

I understand that I will be required to periodically certify that I have complied in all respects with this Agreement, and I agree to so certify upon request.

6. Remedies

I understand and acknowledge that:

- a) The restrictions and obligations I have accepted under this Agreement are reasonable and necessary in order to protect the interests of patients, Stony Brook University Hospital and my employer (if different than SBUH); and b) My failure to comply with this Agreement in any respect could cause irreparable harm to patients, Stony Brook University Hospital and my employer.

7. Code of Conduct

I understand that I am responsible for reading and adhering to the ethics and standards of conduct as defined in the SBUH Corporate Compliance Code of Conduct. I am responsible to report any suspected violations of Compliance with the Code of Conduct and I have reported all known violations. I understand in reporting a suspected violation I will not be disciplined or subjected to retaliatory actions for any report that I have made in good faith.

I understand that the University may initiate administrative actions against me in accordance with SBUH HIPAA policies, applicable collective bargaining agreements, federal/state and local government laws for disclosure of or unauthorized use of HIPAA-PHI or e-PHI, employee information, financial information, research information, SBUH business information, or non-compliance with the ethics and standards of the Code of Conduct. I understand that University sanctions or a violation may include, but are not limited to, penalties up to and including termination of employment, contracts and any other business relationship with SBUH. I understand that I may be subject to civil and/or criminal penalties.

I have received and read this Statement of Confidentiality and understand the requirements set forth in it.

Printed Name (LEGIBLY): _____ Date: _____

Signature: _____ SBU ID #: _____