

Centralized Clinical Placement Instructions for BID-Plymouth

Welcome to BID-Plymouth, I hope you have a great clinical experience.
Please read the following:

Student Paperwork

- Must complete your modules on CCP and print your Ticket.
- Must complete the IT Confidentiality Form
- Must complete the NEW Plymouth Access Form (please make sure the form is complete, your phone # as well.) I will complete the Account Profile Setup.

ALL PAPERWORK NEEDS TO BE COMPLETE BEFORE GOING TO THE FLOOR

- Review BID-P powerpoint and OSHA powerpoint
- Sign the OSHA sign-off form when you complete the powerpoint
- All students must have had the Covid vaccine, booster, and flu shot
- Do not care for Covid patients
- The Instructors must cosign any documentation and all medications given.
- Limit perfumes and scents
- Shred all documents with patient information prior to leaving the floor
- Limit belongings brought to the Hospital, space is limited
- Your instructor will let you know that day if you can observe on a Unit.

All Passwords need to be changed in the Large IT Computer room.

The password needs to be 16 digits long. Use a sentence such as:

Ilovecomingtoclinical@bidplymouth.org.

If you have a problem with a password, please call ext. 2038. Thank you!

Kathleen Johansen MSRN

IT Confidentiality & Security Agreement

When completed Scan and email to useraccess@bidplymouth.org

In the course of my association with Beth Israel Deaconess-Plymouth, its managed entities, affiliates, or associated business partners (collectively, "BID-Plymouth"), I may have access to confidential and/or private information (the, "Confidential Information"), whether in oral, visual or tangible form, obtained through the use of computerized information systems owned and operated by BID-Plymouth, including but not limited to the Meditech System. The Confidential Information includes, without limitation, all information pertaining to patients, employees, vendors, contractors, or otherwise relating to proprietary business matters of BID-Plymouth, whether or not created by BID-Plymouth.

Employee Name	Department Number and Name	Job Code and Position Name
Start Date	Department Manager	Traveler Position YES NO Circle one if applicable

I understand and agree that I am required to hold the Confidential Information in confidence and that I may use the Confidential Information only for the purpose(s) for which I am authorized pursuant to my association with BID-Plymouth, or as otherwise required by law. I understand and agree that I may disclose the Confidential Information only to those persons who are authorized to receive such Confidential Information. I will not use or exploit the Confidential Information for my own benefit or for the benefit of an unauthorized third party.

I understand that BID-Plymouth requires that all personnel, consultants, volunteers, physicians, physician office staff and all others receiving electronic access to Confidential Information including Protected Health Information ("PHI"), as that term is defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), agree and adhere to the following terms:

- I will not disclose or discuss patient, employee, or other confidential information outside the appropriate setting and with people who do not have a business need to know it.
- I will not in any way transmit, divulge, copy, release, sell, loan, alter, purge or destroy any confidential information except as properly authorized in written form.
- I will practice secure electronic communications by transmitting confidential information only to authorized entities in accordance with approved security standards.
- I understand that I have no right to any ownership of any information accessed or created during the scope of my relationship with BID-Plymouth.
- I will only access or use systems, devices or modules I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
- I understand that I should have no expectation of privacy when using BID-Plymouth information systems. BID-Plymouth at its discretion may log, access, review, and otherwise monitor or record any information stored on or passing through its systems.
- I will practice workstation security measures such as locking up computer media when not in use, using screen savers with appropriate passwords, and position screens away from public view.
- I will:
 - use only my officially assigned User-ID and password;
 - use only approved licensed software;
 - use a device with virus protection software;
 - protect and secure information obtained or printed via remote access.
- I will never:
 - post, display, share or publicize any passwords, PINs, or access codes.
 - disclose this information to others.
 - use tools or techniques to break or exploit security measures.
 - connect to unauthorized networks
- I understand my user identification, security code and my password to the hospital information system is the legal equivalent of my signature.
- I understand that access unused for a period of 90 days will be inactivated.
- If I have reason to believe my identification, security code or password has become known to someone else or has been lost or stolen, I will notify the IT Dept. immediately by calling 508-830-2038 or by reporting it in person.
- I will only access systems to review patient records or confidential information when I have a treatment, billing or health care operations related need to know, as well as any required consent.
- By accessing a patient's record or confidential information, I am affirmatively representing to BID-Plymouth at the time of each access that I have a clear treatment, billing or health care operations related need to know and appropriate consent, and BID-Plymouth may rely on that representation.
- I understand that if my job requires me to gain access from several different physical locations, I will attempt only to gain access to that information which will allow me to carry out my job responsibilities at that particular location.
- I will not attempt to access my own medical record without following the administrative policy covering the release of information and completing the appropriate BID-Plymouth forms.
- I will report breaches or suspected breaches of this confidentiality agreement to either the HIPAA Privacy or Security Officer immediately. I understand that failure to report breaches is an ethical violation and subjects me to disciplinary action.
- Upon termination I will immediately return any documents, equipment or media containing confidential information.
- I will immediately report any physical, environmental, or information system related threat that would either keep employees from being able to access data or that would otherwise threaten the confidentiality, integrity or availability of that data whether stored in electronic format or otherwise.
- If I have access to pharmacy automated dispensing system, I understand that my I, in combination with the confidential password that I will later select, will be my electronic signature for all my transactions on the Automated Dispensing Cabinet. A date and time stamp will also be affixed to all my transactions. These records will be maintained and archived as per the policies of this hospital and will be available for inspection by the Drug Enforcement Agency (DEA) and the Department of Public Health, as is currently the case with my handwritten record for controlled substances.

By signing this document, I acknowledge that I have read and understand this Agreement, and that I agree to comply with all the terms and conditions stated above. I understand that any violation of the above conditions will result in disciplinary action and/or legal action, including immediate termination of employment or other relationship with BID-Plymouth.

Signature	Facility Name	Date
Printed Name	Business Entity or Facility Name	

Home > Service Catalog > Access Management / Onboarding Forms > Plymouth >

Plymouth Access Request

Plymouth Access Request

New access requests for Plymouth

Please complete this form for all new access requests including temporary and contracted staff. If you have any questions please contact the Help Desk at (781) 453-4519 or access@bidneedham.org.

Service Requirements

Please Note: once onboarding paperwork has been completed by HRData, all network and email access requests take up to 3 business days. All other systems can take up to 5 to 7 business days for processing, depending on the complexity of your request. Colleagues cannot request access for themselves. A manager/leader must submit an access request for an employee or contingent worker.

* Indicates required

* Name

* Requesting Hospital

Requesting Hospital

* Date of Birth 

User Home/Cell Phone

* Department

* Supervisor

* Position/Job Title

ITS/AD Username (If already issued)

* Is this for a non-employee?

Is this for a non-employee?

* Start Date

 

End Date

 

Copy From

* Is this person transferring from a BILH Institution?

Is this person transferring from a BILH Institution?

Account Profile Setup

Site Specific Setup

- AD Access/Network Account
- Outlook Email
- Phone Extension/Voicemail
- iPhone for clinical messaging
- Pager
- Home Drive (H/R/etc)
- Shared Drive(s)
- Distribution List(s)

Applications

- 3M
- Athena Magic Button
- BILH ED Dashboard
- ChangeHealthCare
- CMI Downtime Report

- Dragon MedicalOne
- E-prescribing
- Meditech Expense
- BIDMC OMR / CCC
- PACS
- PYXIS
- Surgical Schedule
- Tiger/Voalte
- C1 Reports

- Additional Applications

Additional Access Requests

 Add attachments

Attention Staff:

Scan this code to complete your daily COVID-19 symptom monitoring form



To access the form from your phone:

- Use your phone's camera to scan this barcode.
- Click on the popup box to open the form in Safari or Android Browser.

Initial Launch

After you fill out the form once, you will automatically be enrolled in a SMS text message program and will receive daily reminders to your cell phone. Please make sure to enter a valid cell phone number to receive a text message. There is no opt-out function on the form for cell phone number.

One Week After Launch

One week after the launch of the form, the daily SMS text message will be changed to ask you if you are experiencing any new symptoms from the list of symptoms being monitored. If you answer 'No,' your answer will be recorded and you will not need to fill out the form. If you answer 'Yes,' you will receive a link to the form with the request to fill it out.

Questions?

Please contact Employee Health or your manager with questions.

Beth Israel Lahey Health 
Beth Israel Deaconess Hospital
Plymouth

My signature below demonstrates that I have reviewed the
Mandatory OSHA Powerpoint on entry to *BID-Plymouth*.

Print Name: _____

Signature: _____