

**JHS RESEARCH REQUEST FORM FOR CERNER ACCESS**

NOTE: JHS CRRC APPROVAL IS REQUIRED BEFORE REQUEST CAN BE FULFILLED

**\*NEW!** Please ask us about the new PowerTrials™ solution for MIRACLE, our electronic medical record system. Use this tool to prescreen for patients and create prepopulated order sets for protocol-related visits.

Name:	
Title (i.e. Assistant Professor, Clinical Research Coordinator, Research Associate):	
Credentials (i.e. MD, RN, BS, ARNP):	
Department:	
Telephone #:	
C number:	
Last 4 digits of SSN:	
Date of Birth:	
List of IRB#s of studies running at JHS (you must be listed as team member in the IRB for all these studies):	
Have you received General Miracle (Cerner) training:	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you have received General Cerner training, please provide Date and Time:	Date: Time:
Type of Access Requested:	<input type="checkbox"/> View Only <input type="checkbox"/> Place Research Orders <input type="checkbox"/> View Sensitive Information <input type="checkbox"/>

**Note:** Additional training will be provided by JHS Office of Research on how to enter research orders and create research visits once general Miracle training has been given and Access to Cerner is granted.

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### Security Statement

Computer access privileges are granted to Jackson Health Systems (JHS) employees at the minimum necessary level to allow for immediate and efficient performance of the employee's duties. This privileged access shall only be used for JHS authorized business. Computer access devices, such as user identity codes and passwords are the exclusive property of JHS and should not be divulged to any other person.

I agree to keep my access code confidential and guard the confidentiality of all system information. As a JHS employee, I will protect JHS information assets and will be held accountable for maintaining system integrity, confidentiality and availability.

I further understand that unauthorized access to, use and possession of, and/or removal of, patient health information, may be a violation of this policy, federal laws including but not limited to the Health Insurance Portability & Accountability Act (HIPAA), as well as various applicable state laws. I further understand that no patient health information of any kind may be placed on memory devices such as floppy disks, jump drives or memory sticks. Unauthorized access to, use and possession of, removal of, and/or damage to company records, is a breach of this policy and JHS policy and may result in disciplinary and/or legal action up to and including termination.

I have read and understood the content of the above Security Statement and agree to accept and abide by the policies stated herein.

**SIGNATURE (REQUIRED)**

**DATE**

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