



Tufts Medical Center Remote System Access Request

- 1) Please complete the form on page 2.
- 2) Once complete, save the form to your computer.
- 3) Email Tufts User Security Admin at TuftsMCUserSecurityAdmin@tuftsmedicalcenter.org



Tufts Medical Center Remote System Access Request

PROFILE INFORMATION

First Name _____ MI _____ Last Name _____ Date _____
 Company _____ Phone _____ Fax _____
 Address _____ City _____ State _____ ZIP _____

RELATIONSHIP Employee Hardware Vendor Software Vendor
 Business Associate System Vendor Other (Define) _____

TUFTS MEDICAL CENTER INFORMATION

Affiliate _____ Department _____ Phone _____
 Tufts Medical Center Contact Name _____ Phone _____

ASSOCIATE INFORMATION

The undersigned management personnel are hereby given the authority and responsibility for managing the Associate's Tufts Medical Center IS remote access account and its password. Their identity will be verified through the use of a password known only to them, senior Associate management, and Tufts Medical Center / IS Helpdesk personnel.

ACCESS METHOD: (Please check all that apply)

<input type="checkbox"/> VPN (secure connection using the internet, cable modem, DSL type connection) Provider _____	<input type="checkbox"/> Network Dial-In (PC using a phone modem to dial in) Phone # Dialing From _____ Phone # Dialing Into _____	<input type="checkbox"/> PC Anywhere (Remote Control of System using specific software) Phone # Dialing From _____ Phone # Dialing Into _____
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REASON FOR ACCESS

VIRUS SOFTWARE _____

CURRENT DEFINITION _____

As a user of Tufts Medical Center's Information Network, I certify, on behalf of my company, that I have read, understood and will abide by the terms of this agreement.

- We will comply with the security and confidentiality requirements of our signed contract and/or Business Associate Agreement.
- The representatives charged with management will keep the password used to administer the Tufts Medical Center account confidential.
- We will train and hold our employees responsible for the security of Tufts Medical Center system access and the confidentiality of any Tufts Medical Center data. No Tufts Medical Center data will be downloaded or saved to a non- Tufts Medical Center system unless specified in our contract with Tufts Medical Center.
- We will not attempt to access any other systems or information or input data via the computer for which we are not authorized.
- If any of our employees believes the confidentiality of our Tufts Medical Center password has been broken, one of our authorized management personnel will contact Tufts Medical Center to report the incident and establish a new password.
- We will comply with all Tufts Medical Center procedures required for establishing and terminating connectivity
- We understand that the phone numbers used to dial into Tufts Medical Center are captured by Tufts Medical Center systems and may be viewed by IS personnel.

Company Management Signature	Name (printed)	Title	Date
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Tufts Medical Center Acknowledgement & Approval:

Sponsoring Manager's Signature _____ Email Address _____

Tufts Medical Center I/S Manager's Signature _____ Date _____

Security/Confidentiality Clauses Verified By _____ Date _____

. Please click the button below to submit this form.