SBU ID Application & Stony Brook Medicine Systems Access for Vendors

This application must be completed to be granted access- – PLEASE PRINT

Phone number 631-444-HELP (4357)

Fax completed form to 631-706-4539

	Applicant Last Name	First Name
Name		

The following is required for all new accounts or accounts that are remiss of this necessary information as required by NYS and Federal information security requirements to uniquely identify users.

A. A State issued Photo ID is required for all new accounts
B. Please FAX with application ***631-706-4539***

□□□□□□□□□ ***Stony Brook ID Number (if known)***

*Your Driver License information will be secured by Stony Brook Medicine Information Security

□□□□□□□□□□□□□ **Driver License #**

Vendor:	
Title:	

DOB Required Month/Day/Year

□□-□□-□□□□

- □ **Vendor @ Stony Brook Medicine**
- □ **Remote access vendor**

OFFICE ADDRESS:

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Office telephone: ______________________

Requestor email ______________________

Driver License

System Requesting Access To: ____

Stony Brook Medicine Project or System Manager:______________________ Phone #______________

Authorization Section:

Upon acceptance of my SBU ID and system (s) personal identification and password(s) to application resources, networking systems, remote or wireless access to systems, maintained by Stony Brook Medicine, I accept responsibility for their authorized use and confidentiality as set forth in S Stony Brook Medicine policies. I understand the need to maintain all information, to which I have access, in the strictest confidence. I understand that I may not share my password with anyone and to do so subject's me to discipline or loss of privileges. I also understand that systems will be audited to track usage and access. I addition I understand that if I use any Stony Brook Medicine information is an unauthorized manner, I will be subject to appropriate disciplinary measures or loss of system access privileges. In addition I might be subject to possible civil and criminal fines and possible criminal prosecution under state and federal laws including but not limited to HIPAA protection of electronic protected health information (ePHI).

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 SBU ID number secured.
* Your SBU ID number and system log-on ID's will be used when calling the IT Help Desk for any password or access problems.
* **You will also need to give your birth date for our IT Help Desk staff to authenticate you in our secure authentication System (PeopleSoft).**

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

Signature: _______________________________________**Date:** _________________________

I attest that the individual named above is an employee under my supervision. I will ensure that the confidentiality of the patient health information that the employee has access to on the Stony Brook Medicine information systems will be maintained.

Supervisor Signature: _____________________________________ **Date**:____________________________

Print Name: ______________________________________ **Title:** ___________________________________

Note: When the above information is processed and the applicant/user is in our secure authentication system (PeopleSoft). The Stony Brook Medicine system manager or project manager will then be able to request access for the applicant/user (using our Account Request System) for the applicant/user to have specific access to SBUMC systems. When this is completed an e-mail will be automatically sent to the applicant/user with a secure web access link (https) to obtain their ID's and passwords.