

WINN ARMY COMMUNITY HOSPITAL

Application for CHCS, AHLTA, Essentris, PACS, and E-Profiles

Check the needed applications:

- CHCS AHLTA Essentris PACS E-Profiles

Employee completes and signs form then must obtain supervisor's signature. Take application to Security Manager for Security Investigation (PTMS), and to the HIPAA Corrdinator. Return complete form to the IMD Training Room (2J06B).

***** MUST BE LEGIBLE *****

Last Name: First Name: MI

Rank / Grade: MOS: SSN: D.O.B: Phone:

- Military CHECK ONE: Expiration Date:
Medical Hold Expiration Date:
Reservist / Unit Expiration Date:
DA Civilian Expiration Date:
Volunteer (Enter Org) Expiration Date:
Contractor (Enter Company) Expiration Date:

Information Assurance Training Date:

Job Title: Department / Office:

Clinics you need access to:

Justification for access:

Automated information systems (AIS) are FOR OFFICIAL USE ONLY. These systems include sensitive, personal, medical information that is protected by the Privacy Act of 1974 (PL93-579). As a user of AIS, I am aware of my responsibilities as follows: Resources will be used only for official data. Date, software, hardware, and passwords will be protected. Security incidents will be reported to the supervisor or Terminal Area Security Officer (TASO) Immediately. I will use only my individually assigned access and verify codes and abide by applicable security regulations and policies. I have read and I understand the Information Systems Security Briefing.

Employee Signature: Date:
Supervisor's Signature: Date:
Site Security Manager Signature (PTMS): Date:
HIPAA Coordinator Signature: Date:
IMD Signature: Date:

PRIVACY ACT STATEMENT NOTICE

AUTHORITY: 10 U.S.C. chapter 55: 32 C.F.R. 199.17, 45 C.F.R. Parts 160 and 164, and E.O. (as amended, SSN).
PRINCIPAL PURPOSE(S): To evaluate eligibility for medical care provided by civilian sources to Military Health System beneficiaries applying for coverage under the TRICARE Program.
ROUTINE USE(S): In addition to the "Blanket Routine Uses" provided for under 5 U.S.C. 552A, information from application forms and related documents may be disclosed to the Department of Health and Human Services, and/or the Department of Transportation, consistent with their statutory and administrative responsibilities.
DISCLOSURE: Voluntary: however, failure to provide information will result in the denial of enrollment.