COMPOSITE HEALTH CARE SYSTEM I (CHCS) AND AHLTA
CONFIDENTIALITY AND PASSWORD STATEMENT
PRIVACY ACT OF 1974

The purpose of this document is to verify that I have read and understood my responsibilities for safeguarding my password and the integrity of the Composite Health Care System I/II (CHCS).

The Privacy Act of 1974 imposes responsibilities to prevent misuse or compromise data concerning individuals. It has three main provisions:

1. **CONFIDENTIALITY OF INFORMATION.** Most of the information within the CHCS is sensitive, personal medical information. Only authorized people or agents are allowed to disclose this information.
2. **DATA INTEGRITY**. Patient treatment decisions are made from the CHCS information. Users of the system are responsible for ensuring that all data entered into the CHCS is accurate.
3. **DATA SECURITY**. The Privacy Act requires safeguards for confidential and secure records. This entails protective measures for preventing accidental or malicious alteration, destruction, or disclosure of personal information that could affect medical care or the patient's privacy.

I am responsible for all of the following security related guidelines as laid down in DOD and DA directives. My access and verify codes are unique to me. They MUST BE KEPT CONFIDENTIAL. Any action I make on the system may be audited by the CHCS Database Administrator (DBA).

I must memorize my password and will not make a written record of my password. If I suspect that someone else is using my password, I must change my password immediately and notify the CHCS DBA.

I understand that I am specifically prohibited from using any other person's password. I understand that I am also prohibited from attempting to enter the system by guessing or randomly entering passwords.

I understand that my access to CHCS does NOT, in and of itself, give me authority to disclose patient data to anyone.

I have read and understood the security guidelines given above and the necessity for safeguarding my password and the integrity of CHCS. I understand that if I divulge my password or information that is protected by the Privacy Act, I may be prosecuted under the Uniform Code of Military Justice or the United States Code (5 U. S. C., 552a (1)).

IMPORTANT --- NON-PROVIDER USERS OF ORDER ENTRY MODULE --- IMPORTANT

As a user of the Composite Health Care System in a non-health care provider status, I am aware that the access level that I will be given displays a menu option for ordering medications. I have been advised of the command policy, which prohibits me from accessing this menu option. I also understand that I am not authorized under any circumstances to place medication orders on CHCS I/II.

I further acknowledge that violation of this policy will result in disciplinary action as set forth by the Commanding Officer, including immediate loss of access to CHCS I/II, possible dismissal and/or punishment under the Uniform Code of Military Justice

PRINTED NAME OF USER:	SIGNATURE OF USER:
RANK/GRADE/CIVILIAN/CONTRACTOR/VOLUNTEER:	DATE:

COMPOSITE HEALTH CARE SYSTEM I (CHCS) AND AHLTA
USER REGISTRATION/MENU AND SECURITY KEY REGISTRATION

PRIVACY ACT OF 1974

AUTHORITY: 10U.S.C, Section 3013.
PURPOSE: To authenticate that the individual is an authorized user or health care provider in the Composite Health Care System (CHCS).
ROUTINE USERS: Information may be disclosed outside of DOD agencies as outlined in AR 340-21, para 3-2 (Blanket Routine User)
DISCLOSURE: Providing your SSN is voluntary; however, failure to provide the information may delay your access to CHCS.

The following information is required before a user can access the CHCS system. **Complete all fields and both sides of the form legibly and in ink.** User menus will not be assigned or changed without a signed form.

LAST NAME

FIRST NAME MI

TITLE (i.e., LPO OF LAB, MED CLERK, PHYSICIAN, PHARMACY TECH, etc.)

WORK PHONE (Include Area Code) - -

SSN - -

DOB (MONTH-DAY-YEAR) - -

RANK

E-MAIL ADDRESS .mil

Foreign National: ☐ Yes ☐ No Gender: Male ☐ Female ☐

Are you a Provider? ☐ Yes ☐ No

HOSPITAL LOCATION:	PRIMARY CLINIC WHERE YOU WORK:
(i.e., NHB, Everett, PSNS, Bangor)	(i.e, Peds, Fam Pract, OB/GYN)
Completed by Dept Head/LPO:	Other Clinics where you may work:
Profile similar to:	

This section for HIPAA Office and IMD use only.			
HIPAA Compliance	Room 3505	Exp Date:	HIPAA Officer Initials:

AHLTA	Room 2103AA	Essentris	Room 5011
Create AHLTA Account:	☐ Yes ☐ No	Create Essentris Account:	☐ Yes ☐ No
Previous AHLTA Account:	☐ Yes ☐ No	Prior Essentris Experience:	☐ Yes ☐ No
If YES, name of last command:			
Skills Assessment Completed:	☐ Yes ☐ No	Skills Assessment Completed:	☐ Yes ☐ No
Requires Additional Training:	☐ Yes ☐ No	Requires Additional Training:	☐ Yes ☐ No
AHLTA Training Scheduled:		Essentris Orientation Scheduled:	
AHLTA Consultant Initials:		Essentris Consultant Initials:	

OVER – READ AND COMPLETE REVERSE SIDE