



Seton Family of Hospitals
COMPASS ACCESS AGREEMENT FOR FACULTY: NURSING

THIS FORM CANNOT BE PROCESSED UNTIL IT IS PROPERLY AND **LEGIBLY COMPLETED**,
 AND SIGNED BY THE FACULTY USER AND COLLEGE REPRESENTATIVE.

College/University:		Year Starts (mm/dd/yy): 8/15/07	Year Ends (mm/dd/yy): 8/14/08
College Representative Name:		Signature:	
College Representative Email:		Phone:	
Contract Owner:	Sally Foster	Signature:	
Contract Owner Email:	sfoster@seton.org	Phone: 512-324-9999 ext. 80115 Fax : 512-406-6529	

College/University Faculty must sign this agreement to receive a Seton network and a COMPASS account. This agreement serves as a contract indicating that you agree to abide by all of the Seton Family of Hospitals (Seton) policies including, but not limited to: confidentiality policies, information systems policies, and the following statements: **An authorized user ID and password is required to access the Seton network and the COMPASS system. Your user ID is your computer signature and your password should not be disclosed to anyone. The system maintains an audit log of user activity which includes what information has been accessed. Information accessed with your user ID is presumed to have been accessed by you. You must maintain confidentiality of all data accessed from any SETON system. Do not leave patient data visible on the computer screen while you are not present. Log off COMPASS prior to leaving the computer terminal. If you print from COMPASS, such printouts are also subject to Seton policies. Your access will be terminated for non-compliance. You may also be subject to civil or criminal legal penalties if you violate the confidentiality of patient data. If you believe your password has been disclosed, you must change your password immediately or call the Seton Service Desk at 324-1675.**

The Clinical Education Coordinator is required to immediately notify the Seton Service Desk upon termination of any COMPASS users listed below. Failure to do so is a violation of Seton policy.

			SSN	POSITION	ALL LOCATION(S) WHERE YOU NEED ACCESS THIS ACADEMIC YEAR:							
Printed Name	Signature	Last Name	First Name	Middle Initial	_____ RN & Faculty member _____ Non-RN Faculty (Degree: _____)	BH	Dell Children's	SMC Austin	SNW	SSW	SSC	SMC Williamson
Faculty E-mail:					Previous COMPASS account? _____ Yes _____ No	Are you currently a Seton employee? _____ Yes _____ No						
Faculty Signature:			Phone #:									

FAX THIS COMPLETED FORM TO SETON NURSING EDUCATION AT: 406-6529

WHEN ACCESS ID IS ASSIGNED, IT WILL BE RETURNED VIA COLLEGE REPRESENTATIVE.