

Appendix D: Supervisor's Permission Form – for Use of Clinical Looking Glass

I have reviewed the Montefiore Policy and Procedure JC07.1 Authorized Use of Clinical Looking Glass and request that the person listed below be trained in Clinical Looking Glass and request that he/she be authorized to use Clinical Looking Glass in the following manner:

User's Name: _____
Please Print Clearly

Check all that Apply

Restricted Mode (no patient identifiers except for pathology account number) **only Preparatory for Research and no other use.** (Needs CITI training)

Restricted Mode (no patient identifiers except for pathology account number) for one of the following purposes – Education, Quality improvement, Operations.

Privileged Mode – Quality Improvement Projects (access to identifiers)

Privileged Mode with IRB approved Projects (access to identifiers). IRB approval letter and project must be scanned and sent to ITServiceDesk@montefiore.org. The Subject line heading should read "**CLG Privileged Access.**"

Warning: Enable Internet Use with Extra caution!

Internet Use in Restricted Mode for any one of the following purposes – Education, Quality improvement, Research or Operations.

Internet Use in Privileged Mode – Quality Improvement Projects (access to identifiers)

Internet Use in Privileged Mode with IRB approved Projects (access to identifiers). IRB approval letter and project must be scanned and sent to ITServiceDesk@montefiore.org. The Subject line heading should read "**CLG Privileged Access.**"

I am authorized by the institution to authorize the use of identified data for Quality Improvement (QI) projects in my area of responsibility. If I am privileging for Quality Improvement projects with identifiers, it is with the understanding that all such projects (privileged mode) will be registered with the Director of Performance Improvement using the Montefiore Performance Improvement Intranet Registration site in advance of seeking identifiers.

Should I authorize internet access, I am aware of the serious commitment required of the user to use encryption on all materials generated and to have an update firewalls, antivirus, and antispyware on the internet computer. I have reviewed the seriousness of this requirement with the user.

My authorization of an individual to use Clinical Looking Glass in the restricted mode means that I am enabling this individual to use Clinical Looking Glass with access to dates of birth dates of

service, and pathology account numbers, but no names, addresses, or telephone numbers. The justification for use under the restricted access mode is for any of the following purposes:

1. Quality Improvement - to answer QI questions
2. Education - to support the educational mission of the institution
3. Research - to support evaluation of potential research questions
4. Operations

I will advise the Clinical Looking Glass Administrator of any change in status of this person that meaningfully impacts upon his/her right to use Clinical Looking Glass. Specifically, if the individual listed below leaves my employ, I will immediately advise the Clinical Looking Glass administrator to terminate privileges.

Print User's First Name: _____ Print User's Last Name _____

Department: _____ Title: _____

Phone: _____ Page _____

Cell: _____ Email: _____

EVERY SECTION MUST BE COMPLETED

Print Supervisor's Name: _____ Title: _____
Print name **(Department Chairman or Chief)**

Department: _____

Phone: _____ Pager: (OPTIONAL) _____

Email: _____

Signature: _____ Date: _____

If not Montefiore employee state date when use is no longer necessary: _____

For Medical Students:

Assistant Dean's Name: _____

Signature: _____

Email to: ITServiceDesk@montefiore.org

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