

NextGen® User Security Access Request – Practice Location

Practice _____ Phone _____

User Name (Last, First, Middle Initial) _____ Function _____
 Description (MD, RN, MA, PA, Office Mgr, Front Desk)

Please Circle One: ADD User CHANGE User DELETE User

Security Groups: check all that apply and fax to (513) 636-0504 Application Specialist Team, Systems Administrator

✓	Group Name	Description	✓	Group Name	Description
	Billing	Billing, Charge Entry, Checkout		<u>EPM/EMR:</u>	
	Business Manager	Business Manager – various override permissions		MA	Medical Assistant
	EDI – {practice}	EDI Rejections		NP	Nurse Practitioner
	Office Manager	Office Manager – various override permissions		Nurse	Nurse
	Registration 1	Registration and Demographic data entry		Physician	Physicians
	Scan Documents	Persons authorized to scan, file, edit Scanned Documents		Rx Staff	Non-Physician Persons authorized to FAX or print prescriptions
	Scheduling 1	Appointment Management		PAQ	Provider Approval Queue
	Scheduling Admin	Provider schedule management		Non-Provider PAQ Delegate	Associated with Provider: _____
	zAdvisor-Ar	Access to the AR Section of the EPM Advisor Screen (nothing else)		Rosetta Holding Tank	Manages Rosetta Holding Tank
	ZEOB	Posting Integrated ICS EOBs		PA	Physician Assistant

NextGen Users **must** belong to at least one group and may belong to multiple groups. Permissions are controlled at the Group level.

* Super User Assigned to EPM (staff member name): _____

Notice of Data Security and Confidentiality

No user of the NextGen™ system may access any portion of a patient’s data file for any reason, unless it is in the course of performing their assigned job. NextGen™ users are strictly forbidden to edit their own financial data file in any way, even if such access is a part of their job responsibility.

I acknowledge that I **understand** and have received a copy of this policy and agree to use equipment and access in accordance with the above. I understand that failure to abide by this policy will result in immediate cancellation of my **NextGen™** security access and disciplinary action up to and including termination.

If training has not been provided by **COMMUNITY PRACTICE SERVICES** please initial the following line:

_____ I have not had the formal **NextGen™** application training, I have been trained by a proficient **NextGen™** user at my office and am requesting that the standard training be waived in this case. I understand that I might be audited by **COMMUNITY PRACTICE SERVICES** staff and required to pass a training assessment and/or go through the standard **NextGen™** training.

Signature of Employee _____ Date _____

Signature of Employee’s Supervisor _____ Date _____

SYSTEM ADMINISTRATOR USE ONLY

NextGen™ User ID _____ Nextgen.2 (case sensitive with a period) Initial Password _____ Completed By _____ Date _____