Cameron University Health Plan

Role-Based Access Worksheet*									
Member Name:						Date:			
Job Title:	tle: Employee ID #:								
College/Department:	ge/Department: Phone:								
Supervisor:									
(PHI = Protected Health I	nformation)								
	Type of Use – check all that are applicable								
Type of PHI Member	No Access	Create/	Edit	Use	View	Disclose	Transport	Destroy	
Needs to Access		Add							
No access to PHI									
needed to do the job.									
Entire Designated									
Record Set									
Demographics Only									
Financial/Billing									
Stored PHI (on or-off									
site)									
Other PHI:									
Type of Use:		C 1			1 11 12				
					es under the dire	ection of the provi	der or supervisor.		
	Change incorre								
	Read to make decisions appropriate for position. View information but not make revisions or additions.								
	Convey the information to persons or entities outside of the Health Plan.								
	Move information from one place to another.								
•	Make final legal disposition of the records.								
I understand that my acc Plan is limited to the type Information in any mann PHI, in any form or form do so.	es and uses ind er not permitt	dicated on t ed by this v	this workshee worksheet. U r	et. I agree to seel oon my departu	c permission fron re from this Colle	n my supervisor pr ege/Department/,	ior to using Prote I agree not to ta	cted Health ke copies of	
I understand that if I use federal or state privacy la					•		Privacy or Securit	y Policies, or	
Member Signature Date						**Supervisor Date			
*To be completed for supervisor. Must be	or all memb	ers and v		of the Health		niversity by the		r volunteer's	

^{**}I affirm that the types of uses indicated above are consistent with the member's access to PHI.