Cameron University

Health Plan

Role-Based Access Worksheet*

Member Name:				Date:					
Job Title:				Member ID #:					
College/Department/Clinic:				Phone:					
Supervisor:									
(PHI = Protected Health	n Information)								
	Type of Use – check all that are applicable								
Type of PHI Member Needs to Access	No Access	Create/ Add	Edit	Use	View	Disclose	Transport	Destroy	
No access to PHI									
needed to do the job.									
Entire Designated									
Record Set									
Demographics									
Financial/Billing									
Stored PHI (on or-off									
site)									
Other PHI:									
Type of Use:									
		e primary source of documentation and/or make entries under the direction of the provider or supervisor.							
	-	nange incorrect data and/or transcribe data.							
		ead to make decisions appropriate for position.							
		ew information but not make revisions or additions.							
	•	onvey the information to persons or entities outside of the Health Plan.							
		ove information from one place to another. ake final legal disposition of the records.							
Destroy:	viake final lega	ii dispositio	n of the record	S.					
I understand that my a limited to the types and Information in any mar	d uses indicate nner not permi se or disclose P	d on this w tted by this rotected H	orksheet. I agre s worksheet. ealth Informati	ee to seek per on in violatior	mission from my sup n of this worksheet, 1	pervisor prior to the Health Plan's	using Protected	Health	
federal or state privacy	riaws, I will be	subject to	sanctions, whic	n may include	e but are not limited	to, termination.			
Member Signature			 D	ate	**Supervisor			Date	
*To be completed supervisor. Must b						iversity by the	e employee's o	or volunteer's	
**Laffirm that the			·	_	•	ar's access to	DHI		