



**Seton Family of Hospitals
Semester Agreement for COMPASS Access
For NURSING STUDENTS:**

This form cannot be processed unless it is thoroughly and legibly completed.

College/University:		Effective dates for access requested below:	
		Start date (mm/dd/yy):	End date (mm/dd/yy):
Faculty name:		Signature:	
Faculty 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 Students 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.

PLEASE TYPE NAMES or PRINT VERY CLEARLY:			SSN <small>Last 4 SSN Digits REQUIRED for Password Reset Verification</small>	POSITION (Select 1)			CHECK ALL THE SETON LOCATIONS TO WHICH THE STUDENT WILL NEED ACCESS THIS SEMESTER:							
Last Name	First Name	Middle Initial		RN Student	LVN Student	Grad Student	Brackenridge	Dell Children's	Seton Med Center Austin	Seton Northwest	Seton Med Center Wmson	Shoal Creek	Seton SW	
Signature														
Signature														
Signature														
Signature														

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