

**GHS/GCHC Computer Acceptable Use Agreement for HR Designee**

**As the staff with Human Resource permissions through CHIP system setup, I will be responsible to view, enter, change, and monitor staff information for only employees working at**

- **As an HR designee, I will not use the extensive permissions given to access other provider's staff records.**
- **I understand GHS will monitor my HR activity and report concerns to supervisory staff and that any violation or abuse of these privileges of any kind will result in computer privileges being revoked.**

**My responsibilities are to:**

- Register all new hires/transfers for Recipient Rights training (for mental health programs only)
- Keep staff information current in CHIP by updating information for new hires, re-hires, transfers, leaves of absence, and terminations
- Submit GHS computer and network resource acceptable use forms for employees needing access to CHIP
- Keep apprised of policy & procedural changes & updates regarding staff qualifications
  - For all staff, review the current Training Plan located at [www.genhs.org](http://www.genhs.org) (For Providers -> Policies Procedures and Technical Advisories -> Training Plan)
  - For health care professionals, also review GHS policy and all referenced documents located at [www.genhs.org](http://www.genhs.org) (For Providers -> Policies Procedures and Technical Advisories -> GHS Policy Manual)
- On a quarterly basis, I will validate CHIP records with my agency's administrative records

HR Designee Name:		
HR Designee's Signature:		Date:
<p><b>As Supervisor for the above staff working under the Mental Health or PIHP affiliate, my signature below indicates that I have trained the HR contact designee on all requirements to ensure that health care professional staff are working within their scope of practice. As a supervisor, I will immediately notify Genesee Health System - Provider Relations if the Human Resource Designee's employee status changes. Upon such notice, appropriate changes will immediately be made in permissions or account.</b></p>		
Supervisor Name:		Supervisor Credentials:
Supervisor Signature:		Date:
Supervisor Email:		

Completed Forms should be submitted to the Provider Help Desk at [providerhelpdesk.genhs.org](mailto:providerhelpdesk.genhs.org)