



VITLACCESS LOCAL SECURITY OFFICER ASSIGNMENT FORM

This form is used by organizations that use VITLAccess to establish a VITLAccess Local Security Officer.

The VITLAccess Local Security Officer works with VITL to maintain compliance with VITLAccess Policies and Procedures at their organization and to help ensure appropriate access to the patient health data in VITLAccess. The VITLAccess Local Security Officer shall play a role in promoting VITLAccess training at their organization and implementing strategies for patient education about data sharing options.

More information about the role and responsibilities, and instructions for VITLAccess user management, can be found at <https://vitl.net/vitlaccess/local-security-officer/>.

Organization Name

The VITLAccess Local Security Officer for the organization will be:

VITLAccess Local Security Officer Name

VITLAccess Local Security Officer Job Title

VITLAccess Local Security Officer Email Address

VITLAccess Local Security Officer Phone Number

An individual authorized to make decisions on behalf of the organization signs this form to assign the VITLAccess Local Security Officer role and responsibilities to the person named above.

Signature

Printed name

Job Title

Date signed

The VITLAccess Local Security Officer signs this form to accept the role and responsibilities.

Signature of the VITLAccess Local Security Officer

Printed name of the VITLAccess Local Security Officer

Date signed