







4Next New User Enrollment Request

(online)

Overview

- ❖ **Please follow ALL instructions carefully. Signatures are required on pages 3, 4, and 5.**
- ❖ Training requirements:
 - If your site is already online, you must be trained before submitting this form
 - If your site is not online yet, you'll get access to online training after your account is set up
- ❖ The **new user** must:
 1. Fill out this page and enter at least one (1) site on page 2.
 2. Read and then electronically sign both the password security and confidentiality agreements.
 3. Click the email button to send this form to a **staff member** who can affirm employment, and 4Next training if the site is already online.
- ❖ The **staff member** must electronically sign page 5 to affirm the new user's employment (and 4Next training if the site is already online), and then submit the form.

Instructions – new user

1. Click  and **save this form** to a file location on your device.
2. **Open the file in Adobe Reader DC.** ([How to download Adobe Reader DC.](#)) If you need more help, contact your own technical support or help desk.)
3. **Fill out** this page. All fields are required.
4. On page 2, **enter all locations** where you work and need access to 4Next. At least one (1) site is required.
5. **Read** the password security and confidentiality agreements, pages 3 & 4.
6. If you don't see  in the toolbar, click  Fill & Sign on the right. If prompted, click **Fill and sign**. If you get a message to open in Adobe Reader DC, go back to step 1 - your changes will be saved.
7. Click  in the top center of the reader. If you don't have one saved, set up a signature as prompted.
8. **Sign page 3** - click the signature image to grab it, and then click the signature line on the confidentiality agreement to affix your electronic signature.
9. **Sign page 4** - repeat the process to affix your electronic signature to the password security agreement.
10. **Email** the form as instructed on page 4.

New user information

New user - your first and last name:

Your manager's first and last name:

New user - your cell phone number*

Your manager's phone number (work):

New user - your work email address

Your manager's email address (work):

* Needed for 2-step verification code

Identify a staff member who can **electronically sign to affirm** that the you are an employee of the service provider, and if the site is already online, you have been trained to use the 4Next application:

My manager will do this

First and last name:

Email address (work):



Select one:

My site or sites already receive 4Next referrals online,
and **I have been trained** to use the 4Next application

My site or sites are not receiving online referrals yet;
I will complete the 4Next eLearning after my account is set up

Facilities where you need access to 4Next

- List only the facilities **where you work**
- Include the **city and state** for each facility
- The field scrolls automatically if the list is long
- You can paste in copied text by right-clicking the field and then clicking the Paste option, or by clicking the field and then pressing CTRL+V

CONFIDENTIALITY AGREEMENT

Mass General Brigham, its affiliates and joint venturers, have a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, Mass General Brigham, its affiliates and joint venturers, must assure the confidentiality of its patient, fiscal, research, computer systems, management and other business information. In the course of my employment/assignment at a Mass General Brigham organization/practice, I may come into the possession of confidential information. In addition, my personal access code [User ID and Password] used to access computer systems is also an integral aspect of this confidential information.

By signing this document, I understand the following:

1. Access to confidential information without a patient care/business need-to-know in order to perform my job - whether or not that information is inappropriately shared - is a violation of this policy. I agree not to disclose confidential or proprietary patient care and/or business information to outsiders (including family or friends) or to other employees who do not have a need-to-know.
2. I agree not to discuss confidential patient, fiscal, research, computer systems, management and other business information, where others can overhear the conversation, e.g., in hallways, on elevators, in the cafeterias, on the shuttle buses, on public transportation, at restaurants, at social events. It is not acceptable to discuss clinical information in public areas even if a patient's name is not used. This can raise doubts with patients and visitors about our respect for their privacy.
3. I agree not to make inquiries for other personnel who do not have proper authority.
4. I know that I am responsible for information that is accessed with my password. I am responsible for every action that is made while using that password. Thus, I agree not to willingly inform another person of my computer password or knowingly use another person's computer password instead of my own.
5. I agree not to make any unauthorized transmissions, inquiries, modifications, or purgings of data in the system. Such unauthorized transmissions include, but are not limited to, removing and/or transferring data from Mass General Brigham's computer systems to unauthorized locations, e.g., home.
6. I agree to log off a Mass General Brigham workstation prior to leaving it unattended. I know that if I do not log off a computer and someone else accesses confidential information while the computer is logged on with my password, I am responsible for the information that is accessed.

Mass General Brigham, its affiliates and joint venturers, have the ability to track and monitor access to on-line records and reserves the right to do so. Mass General Brigham, its affiliates and joint venturers, can verify that those who accessed records did so appropriately.

I have read the above special agreement and agree to make only authorized entries for inquiry and changes into the system and to keep all information described above confidential. I understand that violation of this agreement may result in corrective action, up to and including termination of employment and/or suspension and loss of privileges. I understand that in order for any User ID and/or Password to be issued to me, this form must be completed.



eSignature _____

_____ Date

Name of Mass General Brigham Non-Employee

Password security agreement

I, the undersigned, hereby request that a 4Next user name and password be issued to me, and I agree that:

- I understand that my passwords have the same authority as my signature.
- I will not disclose my passwords to anyone.
- I will not attempt to learn or use another user's password.
- I will not attempt to access any information not authorized for my use via the Mass General Brigham network.
- I understand that information transmitted on Mass General Brigham electronic files is confidential and I will not disclose it except as required in the course of my work-related duties.
- I understand that any information learned during the performance of my Mass General Brigham associated work and not commonly available to the public is confidential. Such information must be protected.

I understand if I violate any of the provisions of this agreement, I may be subject to disciplinary action, including loss of access to 4Next.

I have read and understand this Password Security Agreement.




eSignature _____

Date of
signature:

Applicant name:

Email this completed and signed form to the staff member designated on page 1:

1. Click the Email button below. If prompted, select an email application.
2. This form is attached automatically, and addressed to the email address from page 1.
3. Send the email & attachment as addressed. (You can cc yourself or others as needed.)
4. After sending, if you want a copy, click .





(If the button doesn't work, please email this form as an attachment to the staff member on page 1 who can electronically sign to affirm your employment and training)

What happens next?

- The staff member who receives the form follows the instructions on page 5, signing and submitting it to the 4Next support team
- The 4Next support team will review your application and contact you if there are any issues
- When your 4Next account is set up, you'll receive a system-generated email from 4Nextproductteam@partners.org with instructions for activating your account
- To activate your account, you'll need your cell phone to receive the 2-step verification code
- You must activate your 4Next account within 10 days of receiving the new account notification



Instructions - staff member who can affirm that the applicant on page 1:

- Works for the facilities on page 2
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1. **Open the attached file in Adobe Reader DC.** ([How to download Adobe Reader DC](#). If you need more help, contact your own technical support or help desk.)
 2. If you don't see  in the toolbar, click  Fill & Sign on the right. If prompted, click .
 3. Click  in the top center of the reader. If you don't have one saved, set up a signature as prompted.
 4. **Sign page 5** - click the signature image to grab it, and then click the signature line on the confidentiality agreement to affix your electronic signature.
 5. **Submit** the form - click the Submit button on this page. If prompted, select an email application. This form is attached automatically, and addressed to the 4Next support team.
 6. **Send the email and attachment** as addressed. (You can cc yourself if you'd like to save a copy of the completed application.)

Affirmation - the new user identified on page 1

- Works at the facilities listed on page 2
-

 eSignature: _____ Date:

Signer's full name:

Please follow ALL instructions carefully. Signatures are required on pages 3, 4, and 5.

(If the button doesn't work, please please email the completed form, signed by both user and manager, as an attachment to PHS4Nextsupport@partners.org)