



# Request for Access to Information System

Please print legibly. Complete form in its entirety, including required signatures. Illegible or incomplete forms will delay processing.

User's Legal Name: First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Employee No. \_\_\_\_\_

Title: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Campus/Location:  BCH  CORP  JSUMC  OMC  RMC  SOMC  Other: \_\_\_\_\_

Department: \_\_\_\_\_ PC-Asset Tag:\* \_\_\_\_\_ \*Required if user is requesting e-mail, network or any type of PC setup.

Type of User: New User -  Employee  Physician  Volunteer  Student  Temp.

Existing User Requiring System Sign-on Change/Update (i.e., name change, licensure, job function, location, etc.)  
For name change indicate previous name: \_\_\_\_\_

Existing User Requiring Access to Additional Systems (i.e., currently has access and requires additional access)

Please request access only to systems user needs in order to perform his/her job in accordance with the Minimum Necessary Standards set by HIPAA.

Conference Bridge

Document Imaging - Provide the name of a dept member to model access after: \_\_\_\_\_

DSS/Soarian Analytics

E-mail

Kronos - Cost Center(s): \_\_\_\_\_

Campus:  BCH  CORP  JSUMC  OMC  RMC  SOMC  MPI

Access Level:  Manager  Time Keeper  Time Stamp

Lab Systems -  CoPath  Sunquest

Lawson - Provide the name of a dept member to model access after: \_\_\_\_\_

For Lawson Requisitioning Only - List Cost Center(s): \_\_\_\_\_

Network

Nursing Systems -  Apollo  CPN  MEDHOST  Nurse Call  
Provide the name of a dept member to model access after: \_\_\_\_\_

ORSOS - Provide the name of a dept member to model access after: \_\_\_\_\_

PACS - Campus:  BCH  JSUMC  OMC  RMC  SOMC  
System:  PACS/Radiology  PACS/Cardiology)

PCX - Campus:  BCH  SOMC

RAS - Campus:  JSUMC  OMC  RMC

Remote Access (Portal)

Syngo - Provide the name of a dept member to model access after: \_\_\_\_\_

Siemens-SMS/Invision  
Campus:  BCH  CORP  JSUMC  OMC  RMC  SOMC

Provide Position Control Number (PCN) and name of dept member who shares this PCN: \_\_\_\_\_

Siemens-Soarian  
Campus:  BCH  CORP  JSUMC  OMC  RMC  SOMC

Provide Position Control Number (PCN) and name of dept member who shares this PCN: \_\_\_\_\_

Softmed (specify access): \_\_\_\_\_

Other/Comments: \_\_\_\_\_  
By signing this document, I acknowledge that I have read and understand the attached Meridian Health Agreement for Access to Information Systems. I shall abide by the terms of the Agreement and shall at all times, during and after the course of my tenure at Meridian Health, maintain the confidentiality of all information (electronic, written, and oral) to which I may have access in the course of my day. I understand that failure to abide by these terms will result in disciplinary action up to, and including, termination. I have read and agree to these policies.

Users Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Manager or Authorized HR Representative (please print): \_\_\_\_\_

Signature of Manager or Authorized HR Representative: \_\_\_\_\_

Non standard Access Requests where Position Control # does not equal standard role assignment must be justified by the manager & cosigned by an IT Manager.

Justification for additional access: \_\_\_\_\_

IT Manager (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature of IT Manager: \_\_\_\_\_

Please fax this page only to IT Information Security at (732) 897-7425. It is the responsibility of the user to obtain his/her Siemens sign-on ID by calling ITCS at (732) 897-7333 no sooner than 2 business days from date of faxed request. For access other than or in addition to Siemens, please allow at least 4 business days processing after submission of the Request form. If you should have any questions regarding this form or on the status of other sign-ons, please call the ITCS at the above number.

PLEASE RETAIN AGREEMENT FOR YOUR RECORDS.