

INFORMATION ACCESS REQUEST FORM

PLEASE SUBMIT THIS COVERSHEET WITH ALL ACCESS REQUESTS-BOTH NEW IDS AND UPDATES

Please complete all of the information below. Incomplete forms will be rejected.

TODAY'S DATE: _____ START DATE: _____

USER'S NAME: _____
LAST NAME FIRST NAME MIDDLE INITIAL

LAST 4 DIGIT'S OF THE USER'S SSN: _____

DEPARTMENT NAME: _____

NETWORK USER ID: _____

EMPLOYEE'S TITLE: _____

PRIMARY WORK LOCATION: _____
(UH, UHCD, UFHCN, UFHCNW, UFHCWSW, UFHCSE, UHBC, UCCH, DHCS, UTHSC, CTRC, UPG, ETC.)

RC NUMBER: _____

PHONE EXT./PAGER NBR: _____

CREDENTIAL: _____ (MD, PA, MS3, MS4, RN, CRRT, LVN, etc.)

MEDICAL-DENTAL STAFF\ALLIED HEALTH ID#: _____

FACULTY HOUSESTAFF/RESIDENT Military Rotator (_____ to _____)

ALLIED HEALTH W/ PRESCRIPTIVE AUTHORITY

Visiting Medical Student (_____ to _____) Authorization letter from UT Registrar's office must be attached.
Requests without authorization will be rejected.

Contract/temporary (_____ to _____)

Researcher or Research Monitor (_____ to _____) for IRB# _____

AUTHORIZATION:
(DIRECTOR/SUPERVISOR)

PRINT: _____
NAME TITLE

SIGNATURE: _____

E-MAIL ADDRESS FOR NOTIFICATION: _____
(not required if your email is @uhs-sa.com)

Have any questions? Call Data Security at 358-0640. You may route completed access forms to us at MS124-1, fax them to us at 358-0340, or bring them by the Computer Room on the 1st floor of the Hospital 24-hours a day.

**INFORMATION ACCESS REQUEST FORM
SPECIALTY APPLICATIONS ACCESS**

USER NAME: _____

LOGIN ID (IF KNOWN): _____

CONTEXT (IF KNOWN): _____

SUPERVISOR'S SIGNATURE: _____

ISSUE NEW ID

UPDATE EXISTING ID

DELETE EXISTING ID

Please select the appropriate:

- CLINICAL INQUIRY ONLINE
- OP NOTES (Surgery)
- OP NOTES (Administrative)
- UNIVERSE SPOOL DIRECTORY (for Pharmacy staff only)
- DISCLOSURETRAC
- STAFFING NEEDS DATABASE
- AHLERS
- BIORAD QC ON CALL
- UHS POLICY
- THIN (ECARE)
- PENRAD OPTIMA (for Mammography staff only)
- PENTAX ENDOPRO
- MUSE
- Retrieve EKG Retrieve and Edit EKG

- TMHP (TMHP HAS RECENTLY CHANGED THE TPI NUMBER TO AN NPI NUMBER)
(TMHP access will not be given unless an NPI #(s) are indicated)
(FORMS WITHOUT AN NPI NUMBER WILL BE REJECTED)

NPI #(s): _____
NPI #(s): _____
NPI #(s): _____

Please select TMHP options below:

- Eligibility Verification
- R&S Viewer
- Claim Status Inquiry
- Panel Report Viewer
- Claim Submitter

- REPORT SAFE

RC# (s): _____
RC# (s): _____
RC# (s): _____

- TRANSPORT TRACKING

Requester: Employee id: _____, Dept. Name: _____
 Transporter: Employee id: _____, Pager #: _____

FOR OFFICE USE ONLY

DATE COMPLETED: _____

COMPLETED BY: _____