

**INFORMATION ACCESS REQUEST FORM
OUTSIDE ENTITY/NON-CONTRACTED**

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: _____

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

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

COMPANY NAME: _____

EMPLOYEE'S TITLE: _____

PHONE NUMBER: _____

NETWORK USER ID: N/A

PRIMARY WORK LOCATION & DEPARTMENT: OFF-SITE
(UH, UHCD, UFHCSW, UFHCSE, UHBC, UCCH, DHCS, UFHCN, UFHCNW, UTHSC, CTRC, UPG, ETC.)

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

**REASON FOR THIS (Reason required for Non-CareLink Providers)
REQUEST:** _____

Access required from ___/___/___ to ___/___/___

AUTHORIZATION: (DIRECTOR/SUPERVISOR)

PRINT: _____
NAME TITLE

SIGNATURE: _____

AUTHORIZATION: Virginia Mika, Executive Director, CareLink
DIRECTOR SIGNATURE: (Director of the department where user will be working)

NOTE: CareLink Providers,
Please fax forms to
CareLink at 210-358-3863
for authorization.

AUTHORIZATION: _____
UHS CHIEF INFORMATION OFFICER SIGNATURE

AUTHORIZATION: _____
UHS CHIEF PRIVACY OFFICER SIGNATURE (Required for Clinical Access Only)

AUTHORIZATION: _____
UHS MEDICAL INFORMATION SERVICES SIGNATURE (Required for Clinical Access Only)

Have any questions? Call Data Security at **210-358-0640**. You can scan and email completed access requests to DataSecurityScannedRequests@uhs-sa.com, fax them to **210-644-0374**, or route them to us at **MS124-1**.