

Computer Access Request Form

		PLEASE PRINT		
Site: [] KGH [] PCCC [] K		Request Date:	// Month Day	
Name			Telephone:	
(Last Name)	(First Name)	(Middle Initial)	Pager:	
Department(s)/Specialty:		C	Office Address:	
Job Title:	[] Part Time	e [] Temp Ex	piry :/	
Security Keyword:	Manager/Supe	ervisor Name:		
(Select a unique word or number that is meaningful to	you)			
Date Access Required: :/				
System(s) to Access: [] Patie [] GRA [] Final	ent Care System SP nce (HDH) Scheduling ail	[] Internet [] Payroll (HDH) [] Remote Acces [] RMS (KGH) [] Other e.g., Lab, Pharmacy, Dictap		
Required Functionality:				
(based on job function: e.g., RN clinic, Reg. Clerk, etc (PLEASE COMPLETE THE NEXT SECTIO	•	TAGICIVNI/		
(PLEASE COMPLETE THE NEXT SECTIO	N IF THE APPLICANT IS A PE	113ICIAN)		
Physician Information [] Medical Student [] Clinical Clerk [] Resident [] Consultant [] Attending Physician [] Associate [] Clinical Associate [] Other [] Observer [] Fellow [] PGY				
PCS Access: From/		To:/		
Division: Year Month Service	Day Specialty:	Cross Appointment:	nth Day	
Certification #: GP	#:C	are Provider #:		
OHIP Billing #: Admitting Privileges: [] Full [] Limited [] None [] Suspended				
Business Address:				
External Email Address:				
Confidentiality Statement				
The hardware, software, or network services provided by the Hospital are to be used for business purposes only. The Hospital may conduct periodic audits to ensure compliance and to ensure data integrity. In addition, I am responsible for all transactions conducted with my sign-on. I will also not install new software/hardware or modify existing software/hardware on hospital equipment. Any violation of the foregoing will result in disciplinary action up to and including termination. I acknowledge that I have read and understand the foregoing requirements. Applicant's Signature: Date: Witness Name (print):				
	Date	Name (print)	Signature	

	Date	Name (print)	Signature
Administrative Authorization (from the applicant's immediate supervisor or appropriate administrator. Applicants cannot authorize themselves)			
Application Trainer(s)			
HDH Computer Operations			
KRCC Computer Operations			





Computer Access Request Form

Computer Operations Only: User ID	Comments
Patient Care System	
[] GRASP	
[] Finance (HDH)	
O.R. Scheduling	
[] E-Mail	
[] Internet	
Payroll (HDH)	
[] VPN	
[] Group Membership	
[] Web mail	
[] RMS (KGH)	
[] OPIS (KRCC)	
[] Other (specify)	

Computer Access Request Form Instructions

Please complete all questions on this form as completely and accurately as possible to insure that your request for access is processed in a timely manner. Incomplete forms will be returned to the originating department.

- 1. All applicants must read and sign the Confidentiality Statement. The applicant's signature must be witnessed.
- 2. Authorization must come from the applicant's supervisor or appropriate administration. Applicants may not authorize themselves.
- 3. Requests for remote access must be accompanied by a memo describing why remote access is needed and how it will be used.

If you have any questions or concerns regarding the completion of this form please contact the KGH Help Desk at 4357.