

Computer Access Request Form

Reason for This Request

- | | |
|--|--|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> New User |
| <input type="checkbox"/> Job/Department Change | <input type="checkbox"/> Change Access |
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Change Admitting Privileges |
| <input type="checkbox"/> Resignation/Termination | <input type="checkbox"/> Change Expiry Date |

PLEASE PRINT
Site: KGH PCCC KRCC
 HDH OTHER _____

Request Date: _____ / _____ / _____
Year Month Day
Name _____
(Last Name) (First Name) (Middle Initial)
Telephone: _____
Pager: _____

Department(s)/Specialty: _____

Office Address: _____

Job Title: _____ **Status:** Part Time Full Time Temp Contract Casual

Expiry Date: _____ / _____ / _____
Year Month Day
Security Keyword: _____ **Manager/Supervisor Name:** _____

(Select a unique word or number that is meaningful to you)
Date Access Required: _____ / _____ / _____
Year Month Day

- | | |
|---|--|
| System(s) to Access:
<input type="checkbox"/> Patient Care System
<input type="checkbox"/> GRASP
<input type="checkbox"/> Finance (HDH)
<input type="checkbox"/> O.R.Scheduling
<input type="checkbox"/> E-Mail
<input type="checkbox"/> OPIS (KRCC) | <input type="checkbox"/> Internet
<input type="checkbox"/> Payroll (HDH)
<input type="checkbox"/> Remote Access
<input type="checkbox"/> RMS (KGH)
<input type="checkbox"/> Other _____
<small>e.g., Lab, Pharmacy, Dictaphone, MED2020, etc, web mail, MS Office</small> |
|---|--|

Required Functionality: _____
(based on job function: e.g., RN clinic, Reg. Clerk, etc.)
(PLEASE COMPLETE THE NEXT SECTION IF THE APPLICANT IS A PHYSICIAN)
Physician Information

- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Medical Student | <input type="checkbox"/> Clinical Clerk | <input type="checkbox"/> Resident | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Attending Physician | <input type="checkbox"/> Associate | <input type="checkbox"/> Clinical Associate | <input type="checkbox"/> Other |
| <input type="checkbox"/> Observer | <input type="checkbox"/> Fellow | <input type="checkbox"/> PGY | |

PCS Access: From _____ / _____ / _____ **To:** _____ / _____ / _____
Year Month Day
Division: _____ **Service/Specialty:** _____ **Cross Appointment:** _____

Certification #: _____ **GP #:** _____ **Care 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 Signature : _____ **Witness Name (print) :** _____

	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
<input type="checkbox"/> Patient Care System	_____	_____
<input type="checkbox"/> GRASP	_____	_____
<input type="checkbox"/> Finance (HDH)	_____	_____
<input type="checkbox"/> O.R. Scheduling	_____	_____
<input type="checkbox"/> E-Mail	_____	_____
<input type="checkbox"/> Internet	_____	_____
<input type="checkbox"/> Payroll (HDH)	_____	_____
<input type="checkbox"/> VPN	_____	_____
<input type="checkbox"/> Group Membership	_____	_____
<input type="checkbox"/> Web mail	_____	_____
<input type="checkbox"/> RMS (KGH)	_____	_____
<input type="checkbox"/> OPIS (KRCC)	_____	_____
<input type="checkbox"/> 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.