



System Access Request Form

Huntsville Memorial Hospital (HMH) will supply access to its Hospital Computer Information System (HCIS) and other network systems for all authorized staff and providers.

Please fill out the following form and return to Information Systems. For questions call Information Systems at 936-435-7555.

First Name _____ Mi ____ Last Name _____

Department (if HMH Employee), Physician's Group, or Company Name _____

(Choose one) Consultant Contract Agency Employee Intern Medical Staff

(Address Phone Number and Email is NOT needed if person is a HMH Employee)

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Have you had access to the HMH HCIS at anytime in the past? (y/n)

If yes what was your user mnemonic: _____

Date new access is required: _____

Meditech

- | | | | |
|--------------------------------------|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Abstracting | <input type="checkbox"/> FA | <input type="checkbox"/> MOX | <input type="checkbox"/> Pay Personnel |
| <input type="checkbox"/> Admissions | <input type="checkbox"/> GL | <input type="checkbox"/> NPR | <input type="checkbox"/> PCI |
| <input type="checkbox"/> AP | <input type="checkbox"/> Lab | <input type="checkbox"/> Nursing | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> B/AR | <input type="checkbox"/> MM | <input type="checkbox"/> OE | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> EDM | <input type="checkbox"/> Med Records | <input type="checkbox"/> Pathology | <input type="checkbox"/> Scheduling |

Will user have same access as others in department (y/n)?

Example User Name: _____ User ID _____

For HMH IS Use Only

Init. Date

Meditech ID: _____

Network ID: _____

E-mail Account: _____

E-mail Pword: _____

VPN Group: _____

VPN User ID: _____

VPN Pword: _____

IS Director: _____

Distribution Groups in Meditech, Mail, E Mail, or addition of routines in Meditech. (If you need additional routines added please print screen and attach to form)

Pyxis Template

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Charge |
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> L&D Charge |
| <input type="checkbox"/> L&D Nurse | <input type="checkbox"/> ICU Charge |
| <input type="checkbox"/> ICU Nurse | <input type="checkbox"/> Agency ICU |
| <input type="checkbox"/> Agency Nurse | <input type="checkbox"/> Agency L & D |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Pharm Tech |

If a physician, would you like other physicians to have access your patient's data in the HCIS? If yes, please list the physicians to give access:

Other Systems/Applications

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> PACS | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Citrix Local | <input type="checkbox"/> Kronos |
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> PACS Web |
| <input type="checkbox"/> HMH Network | <input type="checkbox"/> VPN Remote |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Citrix Remote |

Signature

Date

Department Managers Signature

Date