

Changes/Added Functions to HBOC Medipac Security

*Employee name (First, MI, and Last):

*SS#:

*Department:

*Supervisor name:

*Phone number:

Patient Management

*Specify Patient Management Functions needed

<input type="checkbox"/> PRWL	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Patient Accounting

*Specify Patient Accounting Functions needed

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Medical Records

*Specify Medical Records Functions needed

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

By signing this request, the employee agrees to abide by UAMS Medical Center policy concerning patient confidentiality, and understands the possible consequences (which could include termination) should I violate this agreement.

Employee signature

Date

Supervisor authorizes this employee to have access to Medipac and certifies that this employee has a business need for all functions requested.

Supervisor signature

Date

Fax to IT Security at 603-1369