

COMPUTER ACCESS REQUEST

HUNTERDON HEALTHCARE
Fax to 908-237-2350

Instructions: The individual's Manager must complete the form, obtain the user's signature/date, and submit the form to the Information Services Department.

I have checked in the space below, the appropriate applications for which I am requesting access. I affirm that these are the systems to which my staff will have access.

Must Select One: New Account Existing Account Transfer

Must Select One: Hunterdon Employee Non Hunterdon Employee

If Applicable: Medical Staff Student Volunteer Vendor Other Non Employee

If Applicable: Name change from _____ to _____

If Applicable: Department transfer from _____ to _____

USER NAME _____
(LAST) (FIRST) (MI)

Affinity (Registration, Financial, and Med Records) access the same as _____ (give name of current users to mirror)

Kronos Scheduling access the same as _____ (give name of current user to mirror)

QCPR (Main Hospital clinical system) access the same as _____ (give name of current users to mirror)

QEDM (Document Imaging) Gmail (E-mail) GE Web Link (Request to Schedule Surgery) PICIS (Emergency Room)

CVIS NextGen ((Physician Practice EHR and Practice Management System) Allscripts (Home Health)

OBIX (Maternity) RIS (Reporting) PACS (Image Viewing) Remote Access (webportal access/remote access)

Other (if not listed above) _____

Folder/Shares: _____ COST CENTER: _____

OFFICE/COMPANY: _____ TELEPHONE: _____

ADDRESS: _____

TITLE/POSITION: _____

USER'S SIGNATURE: _____ DATE _____

Non-Medical Staff Access Approval (or Vendor Manager):

PRINT SUPERVISOR'S NAME: _____ e-mail: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

SUPERVISOR'S SIGNATURE GIVES ABOVE LISTED USER PERMISSION TO USE SELECTED APPLICATIONS. IT IS THE SUPERVISOR'S RESPONSIBILITY TO ENSURE ONLY THE REQUIRED APPLICATIONS ARE APPROVED FOR USE.

Medical Staff Access Approval (Required for Medical Staff):

Vice President of Medical Affairs Name: _____

Vice President of Medical Affairs Signature: _____

Date: _____