

1340 Hal Greer Boulevard, Huntington, West Virginia 25701

LAST NAME	FIRST NAME	MI	EMPLOYER
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JOB TITLE/CREDENTIALS	BIRTH DATE	BUSINESS PHONE NUMBER/EXT
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USER PRIMARY POSITION	CAN COPY ACCESS OF (NAME)
_____	_____

USER MENU GROUP

<input type="checkbox"/> AFFINITY	<input type="checkbox"/> VPN ACCESS
<input type="checkbox"/> CERNER MILLENNIUM (POWERCHART)	_____
<input type="checkbox"/> PACS	_____
<input type="checkbox"/> INTERGY	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> APPLICATION XTENDER:
<input type="checkbox"/> _____	DEPARTMENT: _____
<input type="checkbox"/> NETWORK LOGIN	<input type="checkbox"/> OTHER: _____

Access is subject to the following additional conditions:

1. If you do not access any of the software to which you are being granted access pursuant to this form for a period of one (1) year, your access will be discontinued and you will need to complete a new request form. New requests will be subject to any additional requirements that are in place at the time of submission.
2. If you change employers, you are required to notify Information Systems at 304-526-2056. If you fail to do so, your access can be discontinued.
3. If your employment is terminated, your access will be discontinued.

USER INITIALS: _____

NOTICE: Individuals granted access the the Hospital's electronic health records are **not** authorized to access their own medical information or the medical information of their children, family members or friends except in strict compliance with Administrative Policy II-5 "Release of Protected Health Information," including the requirement for a signed authorization.

Manager/Trainer Signature _____
Date

User Established By (signature) _____
Date