

REQUEST FOR SERVICE PLEASE COMPLETE, SIGN AND RETURN TO:

For YNHHS - E-MAIL: helpdesk@ynhh.org or FAX: 203.502.4987

For LM / WH - E-Mail: lmh_accountmgmt@lmhosp.org

Important: If you need Research Access to Epic or other systems **PLEASE DO NOT USE THIS FORM**

Complete the Research Request for Medical Record Access form along with the Confidentiality agreement. Find this form on the intranet under Departments >ITS - Information Technology Services >Forms & Policies >ITS Forms. Submit signed and completed forms via fax or email: Fax 203.688.0289 or email EpicCare.eHIM@ynhh.org for approval, along with any questions or concerns.

Section I – Approval to be Completed by Authorizing Management Staff (Required for form processing)	
<i>By signing this request, I assume responsibility for the access granted for the listed individual(s).</i>	
Authorizer's Name:	Title:
Signature:	Date:
Email:	Contact Hours:
Section II – Person to Notify with Access Information upon Completion (if different than above)	
Name:	Title:
Phone:	Contact Hours:
Email:	
Section III – General Information(Individual needing access, if more than one attach a list)	
First Name:	Last Name:
Middle Name:	Email Address:
Office Phone:	Office Fax #:
Office Address:	Building/Floor/RM #:
Cell Phone/Pager:	Manager (if app):
Network ID (if app):	Employee ID (if app):
Yale University ID (if app):	
For Credentialed Staff Only:	
DEA #(CT, NY, RI):	State Licensure # (CT, NY, RI):
NPI#:	Credentialed Location: (YH, BH, GH, YMG, LMH, WH, NEMG)
Section IV – Role Information	
Affiliation:	<input type="checkbox"/> BH <input type="checkbox"/> GH <input type="checkbox"/> HSC <input type="checkbox"/> LMH <input type="checkbox"/> NEMG <input type="checkbox"/> SRC <input type="checkbox"/> WH <input type="checkbox"/> YMG <input type="checkbox"/> YNHH <input type="checkbox"/> YU <input type="checkbox"/> Community Connect Practice: _____ <input type="checkbox"/> Vendor/Consultant/Non-Clinician (Completed Business Associate Agreement must be on file) <input type="checkbox"/> Employee (If Hospital or Health System)
	<input type="checkbox"/> APRN <input type="checkbox"/> Attending <input type="checkbox"/> CNM <input type="checkbox"/> CRNA <input type="checkbox"/> DO <input type="checkbox"/> Fellow <input type="checkbox"/> PA <input type="checkbox"/> MD <input type="checkbox"/> Resident <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> RN <input type="checkbox"/> RN (Traveler) <input type="checkbox"/> RPH <input type="checkbox"/> RT <input type="checkbox"/> Support Staff <input type="checkbox"/> ITS Staff <input type="checkbox"/> Consultant <input type="checkbox"/> Other: _____ <input type="checkbox"/> Student (<input type="checkbox"/> APRN <input type="checkbox"/> Med Student <input type="checkbox"/> RN <input type="checkbox"/> SRNA <input type="checkbox"/> Other: _____)

Section V – Access Type

<input type="checkbox"/> New Hire (Start Date: _____)	<input type="checkbox"/> Modify Access (Date to modify: _____)
<input type="checkbox"/> New Position: _____	
<input type="checkbox"/> Person with similar job functions: (Name: _____ User ID: _____)	
<input type="checkbox"/> Renew Access (Systems: _____ Date: _____)	
<input type="checkbox"/> Delete Access (Systems: _____ Date: _____)	
<input type="checkbox"/> Contract/Temporary/Student (Start Date: _____ End Date: _____)	

Section VI – System Access

<input type="checkbox"/> Network ID	<input type="checkbox"/> Outlook	<input type="checkbox"/> Epic	<input type="checkbox"/> Synapse	<input type="checkbox"/> Obix	<input type="checkbox"/> HPF	<input type="checkbox"/> Pyxis	<input type="checkbox"/> Mobile Heartbeat
<input type="checkbox"/> Exempt Remote/Portal				<input type="checkbox"/> Non-Exempt Remote/Portal (HR approval)			
<input type="checkbox"/> Shared Drive (list file path): _____							
<input type="checkbox"/> Other _____							
<i>Please note: VPN requires a separate form found on the ITS Intranet web page. For Epic Care Link access please complete the EpicCare Link User Request Form located at Eclink.ynhhs.org</i>							

Section VII – Software

<input type="checkbox"/> Upgrade	<input type="checkbox"/> New	Purchase Order #: _____ (Required to obtain license key for software)
Name of Software: _____		Version: _____
Computer's Host Name/IP Address: _____		

Section VIII – Hardware Information

<input type="checkbox"/> New Equipment (Purchase Order #: _____)	<input type="checkbox"/> Relocate Equipment	<input type="checkbox"/> Retire Equipment
<input type="checkbox"/> Convert PC to CWS	<input type="checkbox"/> Convert CWS to Business PC	<input type="checkbox"/> Re-Image PC
Indicate quantity next to designated equipment:		
__ PCs Laptops CWS Monitors Keyboards Mouse Scanners Printers		

Equipment moves between buildings in New Haven must be coordinated through Plant Engineering.

Current Equipment Location:
Street Address _____ Building _____ Floor _____ Room _____
New Equipment Location:
Street Address _____ Building _____ Floor _____ Room _____
Computer's Host Name/IP Address: _____

Section IX – Additional Information

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