

Information Services: Request for Access (RFA)
San Antonio – General Access Requests



Date of Request	Date Access Needed	Type of Request	<input type="checkbox"/> Add/New Hire	<input type="checkbox"/> Change/Transfer	<input type="checkbox"/> Delete
-----------------	--------------------	-----------------	---------------------------------------	--	---------------------------------

User Applicant Demographic Information (Please provide full legal name)

Last Name:	First Name:	MI:	Date of Birth:	Last 4 SSN:
------------	-------------	-----	----------------	-------------

Applicant Type

<input type="checkbox"/> Local Employee	<input type="checkbox"/> VHS Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Med Staff Physician	<input type="checkbox"/> Physician Office Staff	<input type="checkbox"/> Resident	<input type="checkbox"/> MSO Member
<input type="checkbox"/> Business Associate: (Includes: Agency, Contract, Vendor, Joint Venture)			

Employment Information: (Complete all that apply)

Employer Name: (Org., Co., or Phys. Group)	Staff Phys ID Nr:
VHS Region:	VHS Dept Name:
VHS Region:	VHS Dept Nr:
Employee Nr:	Job Title:
Employee Nr:	Job Code:
Work Location: (Facility, Bldg)	Work Phone:

If access is requested under a contract, provide contract: Start Date: _____ End Date: _____

Access Requested

Network Access (Check all that apply)

Basic Local Area Network (includes a Network Acct., Network Printing, personal (H) and department (I) network drive mapping.)
 Shared User Directories (other than those for Basic access.) Specify: _____

Remote Network Access Account via VPN Other Remote Specify: _____

Applications Local eMail Account Internet

Primary Information System - STAR

Clinical	<input type="checkbox"/> ID1 Prod	<input type="checkbox"/> ID2 Test	<input type="checkbox"/> ID12 Train	Menu Name: _____	Sec Lvl: _____
Financial	<input type="checkbox"/> ID1 Prod	<input type="checkbox"/> ID2 Test	<input type="checkbox"/> ID12 Train	Menu Name: _____	Sec Lvl: _____
Radiology	<input type="checkbox"/> ID1 Prod	<input type="checkbox"/> ID2 Test	<input type="checkbox"/> ID12 Train	Menu Name: _____	Sec Lvl: _____

Secondary Applications Systems (by Application Groups)

Clinical Care	<input type="checkbox"/> HOM/HEO Orders	<input type="checkbox"/> HED Documentation	<input type="checkbox"/> HARX Meds Admin	<input type="checkbox"/> HEC Tracking Brd	<input type="checkbox"/> HSM Surgical Mgt
	<input type="checkbox"/> StarGate Phys Portal	<input type="checkbox"/> PHS Pt Scheduling	<input type="checkbox"/> GE/QS Fetal Mon	<input type="checkbox"/> WatchChild	<input type="checkbox"/> Visicu eICU
Laboratory	<input type="checkbox"/> Horizon Laboratory	<input type="checkbox"/> Horizon Blood Bank	<input type="checkbox"/> PowerPath	<input type="checkbox"/> PCx Glucometer	<input type="checkbox"/> ISTAT
Radiology	<input type="checkbox"/> Star Radiology	<input type="checkbox"/> DVI Fusion Dictation	<input type="checkbox"/> MRS Mammo	<input type="checkbox"/> Medfax RIS	
PACS	<input type="checkbox"/> HMI PACS	<input type="checkbox"/> Amicas PACS	<input type="checkbox"/> RPD Amicas PACS	<input type="checkbox"/> Excelera PACS	
HIM	<input type="checkbox"/> HPF Pt Folder	<input type="checkbox"/> 3M HDM/ARMS	<input type="checkbox"/> SoftMed	<input type="checkbox"/> EMON Trascript	
Pharmacy	<input type="checkbox"/> HMM Meds Mgt	<input type="checkbox"/> AcuDose			
Ancillary	<input type="checkbox"/> CVIS	<input type="checkbox"/> Impath Cancer Reg	<input type="checkbox"/> MUSE	<input type="checkbox"/> Midas	<input type="checkbox"/> InterQual
	<input type="checkbox"/> Phys Credentialing				
Admin	<input type="checkbox"/> Star HR	<input type="checkbox"/> Kronos Time/Attend	<input type="checkbox"/> DPMS Productivity	<input type="checkbox"/> OneStaff	<input type="checkbox"/> Episuite
	<input type="checkbox"/> Docuware				
Financial	<input type="checkbox"/> Star Fin	<input type="checkbox"/> AVEGA	<input type="checkbox"/> Pathways Mat Mgt	<input type="checkbox"/> Supply Scan	<input type="checkbox"/> PCon Contracts
Other	<input type="checkbox"/> Riskmaster	<input type="checkbox"/> Occurrence Web	<input type="checkbox"/> TMS	<input type="checkbox"/> Technogym	<input type="checkbox"/> Numara FootPrints

Other Access: (Specify what is needed) _____

Applicant Signature:	Date:
----------------------	-------

Sponsor Authorization

Name of Sponsoring Manager: (Print Name)	Signature:	Date:
Phone Nr:	eMail Address:	

Confidentiality and Security Access Agreement IS COMPLETED FORM ON FILE? YES NO

