

Questions? Please call the UW Health Help Desk at 265-7777

SUBMISSION INSTRUCTIONS: Please complete and fax to **890-9890**.
All information is required for processing. Incomplete information may delay provision of access.

Is this request for (CHECK ONE):

Addition <small>(new employee)</small>	Revision <small>(update existing access)</small>	Internal Transfer <small>(new job, same employer)</small>	Name Change <small>(include old name)</small>	Deletion <small>(terminate access)</small>
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UW-Madison Employer: **SMPH** **Waisman** **UWMF** **Other:** _____

Last Name: _____ **First Name:** _____ **MI:** _____

Specific Work Title: _____ **Department Name:** _____

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If employee is transferring from a previous position within UW Health:

Previous Work Title: _____ **Previous Department:** _____

Computer Systems Access Requests

List any current or previous user IDs user has to UW Health systems (please do not list passwords): _____

List name of employee in the user's work area with *similar responsibilities* for comparison: _____

HEALTH LINK ACCESS

Which of the following functions will the employee perform in Health Link (check all that apply)?

Viewing Patient Information
 View patient demographics (address, insurance, etc.)
 View patient medical records
 View future appts/ procedures scheduled for a patient

Viewing Patient Lists
 View schedules for specific clinics (list below / attach)
 View current inpatient census lists
 View the operating room schedule

Providing and Documenting Care
 Basic documentation (e.g. telephone & pt info notes)
 Inbasket messaging (list pools below / attach)
 Document clinical care provided to patients
 Place clinical orders for patients

Which of the following ROLE SPECIFIC functions will the employee perform in Health Link?

Support Staff (check all that apply):
 Schedule clinic appointments (*scheduling agreement required)
 Transcribe orders written by providers (*orders agreement required)
 Request surgical cases on behalf of surgeons

Researchers(check all that apply, attach research role description):
 Retrospective/chart-review research
 Pend patient care orders per research protocol
 Document in the medical record re: clinical trials.
 User is an RN researcher and will pursue full RN credentialing.

Non-Credentialed Clinicians (specify the clinician's licensure status and clinical title - e.g. PhD, Psychologist):

If employee is scheduled for Health Link training, list courses and dates here:

Other UW Health Computer Systems (List other applications or special requests. Attach additional sheet if needed):

User Agreement and Access Authorization

By signing below, I agree to and understand that disclosure of my password to anyone else is a SECURITY VIOLATION. I will abide by applicable UW Health confidentiality and security policies, which can be obtained from my department manager or online in UConnect.

In addition, I agree that:

- I will only access the electronic data of patients related to the care or services I am providing, as required by my specific job responsibilities, and only to the minimum extent necessary to carry out those responsibilities.
- I will not access or attempt to access unauthorized patient records, and I will not permit unauthorized individuals to view patient data.
- My computer activities are logged in an audit trail, and I am responsible for all activity that appears on my audit trail. I will log off of applications containing confidential data immediately after use to assure no other person's activities appear on my audit trail.
- I know that unauthorized use or access of a patient's protected health information or any other confidential information is a violation of law, as well as a breach of UW Health privacy policies. Such use may result in the termination of my employment and/or may result in legal sanctions, which could include a fine and/or jail in accordance with state and federal statutes.

Employee Signature: _____ Date: _____

Authorization (ALL FIELDS REQUIRED TO VALIDATE AUTHORIZATION)

Dept/Division ADMINISTRATOR Signature: _____ Date: _____

Print Name AND Title: _____ Phone: _____