

# INFORMATION ACCESS REQUEST FORM

**PLEASE SUBMIT THIS COVERSHEET WITH ALL ACCESS REQUESTS-BOTH NEW IDS AND UPDATES**

Please complete all of the information below. Incomplete forms will be rejected.

TODAY'S DATE: \_\_\_\_\_ START DATE: \_\_\_\_\_

USER'S NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

LAST 4 DIGIT'S OF THE USER'S SSN: \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_

NETWORK USER ID: \_\_\_\_\_

EMPLOYEE'S TITLE: \_\_\_\_\_

PRIMARY WORK LOCATION: \_\_\_\_\_  
(UH, UHCD, UFHCN, UFHCNW, UFHCSW, UFHCSE, UHBC, UCCH, DHCS, UTHSC, CTRC, UPG, ETC.)

RC NUMBER: \_\_\_\_\_

PHONE/PAGER NUMBER: \_\_\_\_\_ EXT. \_\_\_\_\_

CREDENTIAL: \_\_\_\_\_ (MD, PA, MS3, MS4, RN, CRRT, LVN, etc.)

PROVIDER ID#: \_\_\_\_\_ DEA#: \_\_\_\_\_ DPS#: \_\_\_\_\_ State Lic #: \_\_\_\_\_

HOUSESTAFF DEA#: AM1472579 \_\_\_\_\_ DPS#: 10046768 \_\_\_\_\_ State Lic #: \_\_\_\_\_

FACULTY  HOUSESTAFF/RESIDENT  Military Rotator (\_\_\_\_\_ to \_\_\_\_\_)

ALLIED HEALTH W/  PRESCRIPTIVE AUTHORITY

Visiting Medical Student (\_\_\_\_\_ to \_\_\_\_\_) Authorization letter from UT Registrar's office must be attached.  
Requests without authorization will be rejected.

Contract/temporary (\_\_\_\_\_ to \_\_\_\_\_)

Researcher or  Research Monitor (\_\_\_\_\_ to \_\_\_\_\_) for IRB# \_\_\_\_\_

AUTHORIZATION:  
(DIRECTOR/SUPERVISOR)

PRINT: \_\_\_\_\_  
NAME TITLE

SIGNATURE: \_\_\_\_\_

E-MAIL ADDRESS FOR NOTIFICATION: \_\_\_\_\_  
(not required if your email is @uhs-sa.com)

Have any questions? Call Data Security at 358-0640. You can scan and email completed access requests to [DataSecurityScannedRequests@uhs-sa.com](mailto:DataSecurityScannedRequests@uhs-sa.com), fax them to 644-0374, or route them to us at MS124-1.  
Rev. 08/09

**INFORMATION ACCESS REQUEST FORM  
REMOTE ACCESS REQUEST FORM**

*(Must be accompanied by the Information Access Request Form Coversheet)*

Remote Access may be provided to exempt employees, physicians with active UHS privileges, and contracted users outside the Health System when applicable.

To ensure compliance with time and labor procedures, non-exempt UHS employees require Vice President approval to access UHS applications at non-UHS facilities. Non-exempt employees approved for remote access may use the remote access only during approved business hours and only for the reason documented below.

REASON FOR ACCESS (required for non-exempt UHS employees): \_\_\_\_\_  
\_\_\_\_\_

USER'S NAME: \_\_\_\_\_  exempt  non-exempt

LOGIN ID: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

**Please select the applications you are requesting remote access to:**

**Citrix Remote Access**

**Connect To My PC**

\_\_\_\_\_

**Vice President Signature:** \_\_\_\_\_  
(Required for non-exempt employees. Please obtain signature prior to submission to Data Security)

**HIPAA Security Officer Signature:** \_\_\_\_\_

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**FOR OFFICE USE ONLY:**                      **DATE COMPLETED:** \_\_\_\_\_                      **COMPLETED BY:** \_\_\_\_\_