

Physicians & Physician Office Staff Security Access

COMPLETE TOP PORTION OF FORM—PLEASE PRINT

Please FAX back to: _____

Last Name	First Name	Middle Initial
Office Number	SSN	Date of Birth
Job Title		
Facility/Practice Name	Facility/Practice Address	
User Security Identification Questions		
City where you were born: _____		
Mother's Maiden Name: _____		

FOR PSC COMPLETION ONLY: *DO NOT WRITE BELOW THIS LINE*****

Universal ID	MEDITECH User ID	Domain HCA
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Access granted:

- | | |
|--|------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Active Directory/NT <input type="checkbox"/> SRA/VDI- Virtual Desktop (Remote Access) <input type="checkbox"/> Meditech Access <ul style="list-style-type: none"> <input type="radio"/> PSTS Dictionary <input type="radio"/> EDM <input type="radio"/> OE <input type="radio"/> PIN <input type="radio"/> ER Trackers <input type="radio"/> CPOE <input type="checkbox"/> hCare Access <input type="checkbox"/> HPF Access <input type="checkbox"/> Cardiology System Access (Includes: TraceView, MUSE, AGFA) <input type="checkbox"/> Fetal Monitoring Access (Includes: OB Link, Centricity) <input type="checkbox"/> PACS Access <input type="checkbox"/> PLC (Physician Learning Center) | <p>Pin?</p> <p>Password?</p> |
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Facility PSC Signature: _____ Date: _____