# University Employee Epic Access Request Form

# I. Instructions

In order to request access to the Epic electronic medical record for research purposes, please fill out the information in the following sections. In addition, you will need to provide the following supplemental documentation:

* Signed confidentiality agreement (posted at [http://unchealthcare.org/site/humanresources  
  /careers/why/Confidentiality](http://unchealthcare.org/site/humanresources/careers/why/Confidentiality))
* Certificate of completion of UNC HIPAA training
  + You may take the School of Medicine training and/or print your existing certificate of completion at the following link: <http://www.med.unc.edu/security/hipaa>
  + The link above points to the School of Medicine HIPAA training. If you have proof of completion of another UNC HIPAA training module (e.g., School of Pharmacy, School of Dentistry), you may submit that instead.

Once you’ve completed this form and obtained the necessary signatures, please submit it and the supplemental documentation detailed above to Joe Baker in HIM (Joseph.Baker@unchealth.unc.edu) for processing.

# II. Approval Process

After submission, processing, and approval of this request, you will be granted a UNCH domain account, which will allow you to enroll in Epic training using the Learning Made Simple (LMS) system. *Epic access will not be granted until training is complete*. Training sessions occur regularly, and additional information on trainings can be found at <http://news.unchealthcare.org/epic/training>. See the guidelines in section V of this document to choose an appropriate training path.

# III. Personal Information

Legal First Name: Click here to enter text.

Preferred First Name: Click here to enter text.

Middle Initial: Click here to enter text.

Last Name: Click here to enter text.

Last 4 digits of your SSN: Click here to enter text.

Month of Birth: Choose an item. Day of Birth: Choose an item.

Home department: Click here to enter text.

UNC PID: Click here to enter text.

Work phone: Click here to enter text.

UNC email address: Click here to enter text.

Position title: Click here to enter text.

# IV. Study Information

If on multiple studies, enter the primary IRB under which you’re requesting Epic access.

Study’s IRB number: Click here to enter text.

Study PI: Click here to enter text.

PI home department: Click here to enter text.

PI email: Click here to enter text.

PI phone: Click here to enter text.

# V. Access Level

Use the following guidance to select the appropriate access level/training path that is most appropriate for your job role. *Read through all of the options before selecting your level*.

**Read-only research access**: Appropriate for research users who do not need to enter data into the electronic medical record (Epic), document in the chart, or place orders.

* In LMS, choose the “Research Assistant, Research Monitor” training plan.

**Research coordinator data-entry**: Appropriate for research coordinators who need to enter data into the electronic medical record (Epic), document in the chart, or place orders. Intended for non-licensed (i.e., non-nurse, non-physician) coordinators.

* In LMS, choose the “Research Coordinator who is not a provider” training plan.

**Oncology research coordinator data-entry**: Appropriate for oncology-focused research coordinators who need to enter data into the electronic medical record (Epic), document in the chart, or place orders. Intended for non-licensed (i.e., non-nurse, non-physician) coordinators.

* In LMS, choose the “Oncology Research Coordinator who is not a provider” training plan.

**Oncology research nurse**: Intended for licensed (i.e., RN, NP, PA, MD, with active license) university employees who serve in an oncology research-focused clinical role.

* In LMS, choose the “Oncology Research Nurse” training plan.

**Other licensed provider also acting as a research coordinator**: Intended for licensed (i.e., RN, NP, PA, MD, with active license) university employees who serve in a research-focused clinical role *and* are essentially acting as their own coordinator. (This may include actively participating in study budgeting, recruitment, enrollment, etc.)

* In LMS, choose the “Provider or Nurse acting as Research Coordinator” training plan, *in addition to* the most appropriate clinical training track for your job role (e.g., Ambulatory Nurse, Acute Care Nurse).

**Research coordinator with appointment scheduling capability**: Appropriate for research coordinators who need to enter data in the electronic medical record (Epic), document in the chart, or place orders; also grants the ability to schedule patients for appointments in the coordinator’s home department(s).

* In LMS, choose any research training plan listed here (other than “Research Assistant, Research Monitor”), *in addition to* the “Schegistrar and Front Desk” training plan.

# VI. Signatures

Requester Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requester Printed Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PI Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PI Printed Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head Printed Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_