**University of North Carolina Hospitals Information Security Administration**

**Instructions for Completing Systems Access Request Form**

**Purpose of Form:**

The purpose of the Systems Access Request Form is to communicate systems access needed by users to Information Security Administration. This form must be fully completed in order for systems access to be granted.

1. **Section I: User Information**

Please complete all of the user information requested under Section I. All of the information is important to ensure that Information Security Administration can accurately identify the user and can contact the user both by mail and by phone. Once access has been set up then the user will receive a letter that describes their responsibilities with regards to information security, instructions for obtaining training if required for the system, instructions for creating a good password, specific security standards that apply for the system, and how to obtain their initial password.

Physician Information

Only physicians or residents requesting access should complete this section.

**MD Code:** UNC Hospitals Physician Code assigned by the Medical Staff Office or Office of Graduate Medical Education

**Attending/Resident:** Internal physicians and residents should check one of the two (2) boxes that apply

**Nurse Practitioners:** Nurse Practitioners enter five- (5) digit physician code assigned by the Medical Staff Office

Med Students

Student Affairs Office should complete this section for Medical Students requesting access.

**Grad Date:** Enter expected Graduation Date (month/year)

1. **Section II: Access Information**

Use this section to identify the systems for which you need to add, update or delete access. Attachment 1 must be used in order to complete Section II.

**Systems:** Enter the name of the systems from Attachment 1 for which you are requesting access

**Add:** Check this column for each system where brand new access is being requested (no existing user id)

**Update:** Check this column for each system where the current access is being changed (existing user id)

**Delete:** Check this column for each system where the current access is being deleted (existing user id)

**User ID:** Enter the existing user id for each system where the Update or Delete columns have been checked

**Access Level Requested:** Using Attachment 1 locate the Access Level (2nd Column) that is being requested for each system. Then follow the instructions immediately to the right (3rd Column) for completing this section of the Systems Access Request Form.

1. **Section III: Authorization Information**

This section provides Information Security Administration with the authorization needed to complete the request. See attachment 3 for Non-Hospital user approvals.

**Department Head (Designee)/Physicians:** The user’s department head and/or formally approved designee must legibly sign and print name on all forms. Physicians requesting access could sign their own request. In case of any questions concerning the access requested it is important that a phone number for the department head(designee)/physician is included on the form.

**Department Head(Designee)/Physicians:** Print name and title of the person signing as the authorized department head/physician.

**Supplementary Authorization:** In some cases a supplementary authorization is required because certain access levels require tighter controls. The application owners and/or department application administrators have required these controls. See Attachment 2 for the lists of required supplementary authorizations.

If you have any questions concerning this form please contact Information Security Administration @ 966-4444.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **University of North Carolina Hospitals Information Security Administration**  **Systems Access Request Form** | | | | | | | | | | | | | | | | | | **Date Received:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| ***Section I: User Information*** |  | | | | |  | | | | | | | | | **Physician Information** | | | | | **Med Students:** |
| **First Name:** | **MI:** | | | **Last Name:** | | | | | | | | | | | **MD Code:** | | | | | **Grad Date:** |
| **EID#:** **PID # for UNC:       Last 4 of SSN for Other:** | | | | | | | | | | | | | | | **Attending :**  **Resident:** | | | | |  |
| **Dept. Name:      Work Location:** | | | | | | | | | | | | | | | **Nurse Practitioners:** | | | | |  |
| **CB#:       Work Phone:** **Beeper:** | | | | | | | | | | | | | | | **CRNA:** | | | | |  |
| **Position #:       Payroll Dept #:** **Job Title:** | | | | | | | | | | | | | | |  | | | | |  |
| **E-mail Address:** | | | | | | | | | | | | | | | | | | | | |
| **Signed Confidentiality Statement on File**  **Yes**  **No** | | | | | | | **Hospital Employee** | | | | | **University Employee** | | **Other** | | | | | **Temporary Employee**  **Date to delete:** | |
| ***Section II: Access Information*** | | | | | | | | | | | | | | | | | | | | |
| **Systems**  **(List below the systems from attachment 1 for which you are requesting access)** | **ADD** | **UPDATE** | **D**  **E**  **L**  **E**  **T**  **E** | | **User ID for Existing User** | | | | **Access Level Requested**  **(Follow instructions from attachment 1 for completing this column. The instructions vary for each system)** | | | | | | | | | | | |
|  |  |  |  | |  | | | |  | | | | | | | | | | | |
|  |  |  |  | |  | | | |  | | | | | | | | | | | |
|  |  |  |  | |  | | | |  | | | | | | | | | | | |
|  |  |  |  | |  | | | |  | | | | | | | | | | | |
|  |  |  |  | |  | | | |  | | | | | | | | | | | |
|  |  |  |  | |  | | | |  | | | | | | | | | | | |
|  |  |  |  | |  | | | |  | | | | | | | | | | | |
| ***Section III: Authorization Information*** | | | | | | | |  | | |  | | | | |  | | | | |
| **By signing this form I understand that I am responsible for ensuring that the above user is provided with the appropriate training for the systems that have been requested. Furthermore, the access listed above has been requested on a need to know basis in order for the user to perform his/her job responsibilities.** | | | | | | | | | | | | | | | | | | | | |
| **Department Head(Designee)/Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | **Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **signature/title** | | | | | | | | | | **date** | | | | | | | | | | |
| **Department Head(Designee)/Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | **Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **print name/title** | | | | | | | | | | | | |  | | | | | | | |
| **Supplementary Authorization:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | **Return to: Information Security Administration**  **321 Meadowmont Village Circle (CB 7600)** | | | | | | | |
| **system signature/date** | | | | | | | | | | | | | **Phone # : 966-4444 Fax #: 966-1053** | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ATTACHMENT 1**  **Access Level Descriptions** | | | | | | | | | | |
| **SYSTEMS** | | **ACCESS LEVELS** | | | | **HOW TO COMPLETE “Access Level Requested” COLUMN** | | | | |
| **Blue Cross Blue Shield (BlueE)** | | 1. **21 Institutional BCBS: Eligibility, Utilization Management, HCFA1500 and UB92 claims entry and correction, claims status, remittances** 2. **44 – Institutional Inquiry Only: Eligibility, Utilization Management, and claims status** 3. **43 - Other Eligibility Inquiry Only: Eligibility and claims status** | | | | 1. **Select one of the access levels listed to the left and write it on the form under the “Access Level Requested” column** | | | | |
| **Business Objects**  **Note:** Each category of information that is accessed through Business Object is assigned an application owner. Users must obtain approval from the application owner on the Supplementary Authorization line before access is granted. | |  | | | | **Please see the table below. For Supplementary Authorization, contact authorizer listed below.** | | | | |
| **Security Groups** | **Available Universes for the Group** | | **Authorizer** | **Source of Data** | **Data Base Platform** | | **Description** | **Designer** | **Connection** |
| Charge Description Master | CDM Master | | Rose Ackerman:3-3037 | INVISION –Charge Description Master | DB2 | |  | Sujing Yang | Db2prod2 |
| Compliance | Compliance | | Chris Carreiro:3-8638 |  | DB2 | |  | Kevin Tew | Db2prod2 |
| Committee Quality Insurance | CQI | | Larry Mandelkehr:6-0488 | WEBCIS- | DB2 | |  | Sujing Yang | Db2prod2 |
|  | PFS\_V3 | |  |  | SQL | |  | Sujing Yang | Quadra |
| Doc Image HR | DocImageHr | | Audrey Bruce:6-3445 |  | ORACLE | |  | Jeff Hilbert | Oradoc |
| Echo | Echo | | Deborah Robertson:6-1520 | ECHO - Credentialing | SQL | | Credentialing data. | Tim Boyd | Echo |
| Epidemiology | Epidemiology | | Diane Thomas:6-6676 | IN-HOUSE | SQL | |  | Sujing Yang | Adminsql |
| Heat | Heat | | Pat Bolton:6-0298 | HEAT Database | SQL | | Create Reports for requestors wanting information on calls assigned or outstanding to their areas. | Sujing Yang | Heat |
| Human Resource Data | HR Data | | Audrey Bruce:6-3445 | Subset of GEAC | DB2 | |  | Sujing Yang | Db2prod2 |
|  | HR Reporting Test | | Audrey Bruce:6-3445 | Subset of GEAC | DB2 | |  | Sujing Yang | Db2prod2 |
| **Security Groups** | **Available Universes for the Group** | | **Authorizer** | **Source of Data** | **Data Base Platform** | | **Description** | **Designer** | **Connection** |
| Lab | Labs | | Diana Willoughby:6-7667 | WEBCIS-Lab Results | DB2 | | This universe contains production lab data. | Judy Kea | Db2prod2 |
|  | Labs – Development Version | | Diana Willoughby:6-7667 | WEBCIS-Lab Results | DB2 | | This universe contains development lab data and is for testing. | Judy Kea | Db2prod2 |
| Lawson Accounts Payable | Lawson Accounts Payable Prod8 | | John Storment:6-6524 | Lawson | ORACLE | |  | Kevin Tew | Lawson |
|  | Lawson A\_P Prod8 | | John Storment:6-6524 | Lawson | ORACLE | |  | Kevin Tew | Lawson |
| Lawson Asset Manager | Lawson Asset Mgmt Prod8 | | John Storment:6-6524 | Lawson | ORACLE | |  | Kevin Tew | Lawson |
| Lawson General Ledger | Lawson General Ledger Prod8 | | John Storment:6-6524 | Lawson | ORACLE | |  | Kevin Tew | Lawson |
| Lawson Inventory | Lawson Inventory Prod8 | | Elizabeth Davis:6-4218 | Lawson | ORACLE | | Contains all information associated with items built in Lawson Item Master for Nonstock and Inventory items. | Kevin Tew | Lawson |
| Lawson Purchasing | Lawson Purchasing Prod8 | | Elizabeth Davis:6-4218 | Lawson | ORACLE | | Contains all information associated with purchase order lines, receipts and invoices. | Kevin Tew | Lawson |
| Learning Management System | LMS Registration | | Anna Story:6-2048 | LMS | SQL | | LMS Class Registration data. | Tim Boyd | Lms |
|  | LMS Training | | Anna Story:6-2048 | LMS | SQL | | LMS Registration, Course Class and Person data. | Tim Boyd | Lms |
| LVM E-Centaurus | LVMEC | | Maryann Strayhorn:3-0426 | LVM E-Centaurus | SQL | | Contains information on demographics, referring physicians, and UNC physicians associated with a nurse or medical support assistant who documented the call. Contact Information for Health Care Facilities, UNC Services, and clinics. Nurse telephone triage information documentation along with dates and times and length of several different types of calls. | Kevin Tew | Lvmec |
| MIM | MimUniv | | Joni Perry:6-1309 |  | DB2 | |  | Kevin Tew | Db2prod2 |
|  | MimFax | | Joni Perry:6-1309 |  | DB2 | |  | Kevin Tew | Db2prod2 |
|  | SoftMed | | Joni Perry:6-1309 |  | SQL | |  | Kevin Tew | Softmed |

| **Security Groups** | **Available Universes for the Group** | **Authorizer** | **Source of Data** | **Data Base Platform** | **Description** | **Designer** | **Connection** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Operating Room Management Information System | Ormis-1 | Doug Peterson:6-4396 | GEPROD database | ORACLE | In-house created Universe based on version 7.2.2 database. Contains detailed information including charges, supplies, and personnel times for all documented OR cases. | Barbara Sheets | Geormis |
|  | ClinDoc | Doug Peterson:6-4396 | GEPROD database | ORACLE | Used to query based on Clinical Documentation module screens. |  |  |
|  | DBMaint | Doug Peterson:6-4396 | GEPROD database | ORACLE | Used to query tables maintained via the Database Maintenance module. |  |  |
|  | DPC | Doug Peterson:6-4396 | GEPROD database | ORACLE | Used to query Doctor Preference Cards. |  |  |
|  | ICS | Doug Peterson:6-4396 | GEPROD database | ORACLE | Used to query based on Sterile Processing Manager module (currently not being used at UNC). |  |  |
|  | Manager | Doug Peterson:6-4396 | GEPROD database | ORACLE | Used to query based on Manager module screens. |  |  |
|  | Resource Catalog | Doug Peterson:6-4396 | GEPROD database | ORACLE | Used to query based on Resource Catalog module. |  |  |
|  | Scheduler | Doug Peterson:6-4396 | GEPROD database | ORACLE | Used to query based on OR Scheduler module screens. |  |  |
|  | WebLink | Doug Peterson:6-4396 | GEPROD database | ORACLE | Used to query WebLink created cases (currently not being used at UNC). |  |  |
| Patient Data | Dss-Universe-A | Sujing Yang:6-3953 | SIEMENS Decision Support System | SQL | The DSS is the ‘data warehouse’ for INVISION data.  -Patient Management and Patient Account Data for patients admitted from 07/01/2004.  -CPOE data with order date from 10/01/2007.  -An alternative for INVISION ADHOC reporting. | Sujing Yang | Sms\_dre\_server\_dssdbsrv |
|  | Pt. Data | Sujing Yang:6-3953 | INVISION Appointment data | DB2 | The INVISION appointment data is interfaced real-time. | Sujing Yang | Db2prod2 |

| **Security Groups** | **Available Universes for the Group** | **Authorizer** | **Source of Data** | **Data Base Platform** | **Description** | **Designer** | **Connection** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PDS | PDS Data | Robin Thompson:3-5470 | GE Centricity Business | SQL | Contains the all the appointment, visit, and demographic data from GE for a patient visit.  Also contains GE BAR (Billing and Accounts Receivable) data and Legacy (PAS) Data for UNC P&A.  Some GE Dictionaries are included as well.  Please note that BAR data requires specific authorization. | Julie Colvard | PDS |
| Public Relations | Marketing Information | Jonathan Slagle:6-5006 | WEBCIS- FAX Audit data | DB2 |  | Sujing Yang | Db2prod2 |
|  | Visit | Jonathan Slagle:6-5006 | WEBCIS- Visit data | DB2 | This universe contains the all the visit and demographic data for a patient visit. | Judy Kea | Db2prod2 |
| Pulmonary | PulmComp | John Haithcock:6-4532 | PULMONARY NOTES | DB2 | The Pulmonary note data is interfaced real time. | Tom Reddick | Pulmcomp |
| Risk Mgmt | RiskMgmt | Kathryn Johnson:6-3043 | rlSolutions - RMPro | SQL | Documents incidents occurring within the Health Care System from a risk perspective, allows a real time comprehensive review. | Jessica Gragg | Riskmgmt |
| Security | WebAudit | Debbie Yang:3-0135 | WEBCIS-Audit data | DB2 | This Security universe contains audit trails from the WEBCIS System. | Sujing Yang | Db2prod2 |
|  | SmenAudt | Debbie Yang:3-0135 | INVISION-Audit data | DB2 | This Security universe contains audit trails from the SMS System. | Sujing Yang | Db2prod2 |
| Workers Compensation Occupational Health System | WCOHS | Dale Payne:6-6523 | WCOHS | SQL | Employee vaccinations, exam, blood exposures, immunizations, respirator medical evaluation, and injury claims are managed via the WCOHS data base. | Kevin Tew | WCOHS |

| **SYSTEMS** | **ACCESS LEVELS** | **HOW TO COMPLETE “Access Level Requested” COLUMN** | |
| --- | --- | --- | --- |
| **CICS Applications** | 1. MiniMedical Record (MM)  * 25 = Display Only * 50 = Display and Print * 54 = Pharmacy Only (Update Outpatient prescriptions only) * 55 = ER Display and Print * 75 = Ambulatory Care Data (Problems and Medicine updates)  1. Labs (LB)  * 99 = Display Only  1. Cardiology (CA)  * 50 = Display Only  1. Epidemiology (EP)  * 30 = Display Only * 60 = Update * 80 = Update and Delete  1. Med-Rec Transcriptions(MT)  * 33 = Update * ISD * 51 = Display Password * 99 = Security Admin | * Select one of the access levels listed to the left and write it on the form under the “Access Level Requested” column  1. Write in Labs = 99 2. Write in Cardiology = 50  * Select one of the access levels listed to the left and write it on the form under the “Access Level Requested” column  1. Write in Med-Rec Transcriptions = 33  * Select one of the access levels listed to the left and write it on the form under the “Access Level Requested” column |

| **SYSTEMS** | **ACCESS LEVELS** | **HOW TO COMPLETE “Access Level Requested” COLUMN** | |
| --- | --- | --- | --- |
| Citrix (Remote Office Connectivity) | * N/A | * Write in how you will be accessing the system and the reason why you need this access. Also include the systems (applications) that you will be accessing. |
| Domain Account | * N/A | * Write in Domain Account |
| **GEAC (Dun & Bradstreet)**   1. Payroll/Personnel | Refer to the Access Level document provided for your department for the GEAC Systems. | 1. For the Payroll/Personnel System write in term group and passkey from the Access Level document provided by Information Security Administration. 2. For the Financial Systems write in access level from the Access Level document provided by Information Security Administration. |
| Kronos (Time and Attendance) Note: Access to the Manager and Delegate Level requires training before access is granted | * Manager Level * Delegate Level * Time Stamp | * ADD, Delete, Edit, Approve and **Sign-off** time and attendance transactions paid to an employee. This level of access requires approval signature by the requesting employee’s manager and each department(s) delegating their Manager Level Access authority. * Add, Delete, Edit and Approve time and attendance transactions as accurate for Manager Level Access Sign-off. This level of access requires approval signature by the manager(s) of the department(s) delegating this authority. **(DOES NOT have access to Sign-off Timecards)** * Write in Cost Center |

| **SYSTEMS** | **ACCESS LEVELS** | **HOW TO COMPLETE “Access Level Requested” COLUMN** | |
| --- | --- | --- | --- |
| **Lawson**   1. Purchasing/Inventory 2. Financials (AP/Budget)   Note: Access to the Lawson Purchasing/Inventory System requires training before access is granted. | 1. **Level 1:** Requisition Stock Items out of CD only 2. **Level 2:** Requisition Stock Items out of CD and view Budget online 3. **Level 3:** Dept Specific 4. Pharmacy 5. Labs 6. Radiology 7. Plant Engineering 8. OR 9. **Level 4:** Service Depts 10. Purchasing 11. Central Distribution 12. Budget 13. Accounts Payable 14. Financial Systems  General Accounting  1. Fixed Assets 2. **Level 5:** Other | 1. Write in access Level 1 2. Write in access Level 2 3. Write in the security class name from the Security Class Listing for your department, which was provided to you by Information Security Administration 4. Write in the security class name from the Security Class Listing for your department, which was provided to you by Information Security Administration 5. Write in access Level 5 and describe access being requested | |
| Outlook E-Mail Note: Users getting Outlook e-mail will automatically receive an NT account. | * Client Version – All users except for those working on shared workstations. * Web Version – Users who use a shared workstation must select this version. | * Select one of the Outlook E-Mail versions listed to the left and write it on the form under the “Access Level Requested” column. |

| **SYSTEMS** | **ACCESS LEVELS** | **HOW TO COMPLETE “Access Level Requested” COLUMN** | |
| --- | --- | --- | --- |
| **PACS Digital Imaging System**  There are two (2) access pathways to review images: IMPAX and WEB1000  **IMPAX** – Access through dedicated PACS two- and four-monitor workstations. There is a limited number of viewing stations available through out the hospitals. See Note below.  NOTE: This system should only be selected if you have access to a directly attached Diagnostic or Clinical Workstation and require diagnostic quality access to digital images. There are a limited number of viewing stations available through out the hospital. All users requesting Web CIS access will automatically receive the Web1000 PACS Digital Imaging System, which meets the requirements for most users.  **WEB1000** – Web PACS Access | **IMPAX Access Levels:**   * Clerical – Radiology film management and clerical personnel * Clinician – Physicians, nurses, and other health care personnel * Film Management – Film Management staff with need to print film * Help Desk – Help Desk users * Ortho – Orthopedic physicians, residents, fellows, nurses and other orthopedic service personnel * Radiologist – All Radiologists, radiology residents, radiology fellows * Service – PACS Support Team * System Admin – System Administration * Tech – Radiology technical personnel and supervisors * Trainee * Other – Special requirement, please specify   **WEB1000 Access Levels:**   * Admin * Clinician * Service * System Admin * Technologist * Other | * Select one of the access levels listed to the left and write it on the form under the “Access Level Requested” column * Select one of the access levels listed to the left and write it on the form under the “Access Level Requested” column |
| **PatientWorks (Patient Identification Bands, Labels & Forms** | * PW\_Admin (For System Admins) * PW\_Reg (For Registration Personnel) * PW\_Nurse (For reprint capability) | 1. Select one of the access levels listed to the left and write it on the form under the “Access Level Requested” column |
| **PharmNet (Pharmacy Inpatient System)** | * DBA (Data Base Administrator) * DBC (Data Base Coordinator) * Operator/Help Desk * Billing Administrator * Billing Support * Pharmacist * Pharmacy Manager * Pharmacy OE Technician * Pharmacy View Only * Pharmacy View Only With Billing * Security Administration | 1. Select one of the access level(s) listed to the left and write it on the form under the “Access Level Requested” column |
| Labor Productivity Management Tool (PMT)  NOTE:   1. PMT requires VP’s Signature. 2. Access to PMT requires training before access is granted. | * Report Viewer, Med, VIP * Delegate | * Write in Report Viewer, Med, VIP * Write in Delegate and VP’s Name |
| **RadPlus (Radiology System)** | 1. Global (all users) 2. Billing and Order Entry/Edit (Supervisor) 3. Radiologist 4. X-Ray Technologist 5. Radiology Transcriptionist 6. Other (Describe) | 1. Select one or more of the access levels listed to the left and write it on the form under the “Access Level Requested” column |
| **Remote Access** | * Dial-up (modem) * VPN (internet) | * Write in how you will be accessing the system (dial-up) and the reason why you need remote access. Also include the systems that you will be accessing. |
| **Report2Web** | 1. N/A | 1. Specify report and/or folder name. If report is department specific, include department number(s). |
| **SIPS (Office of State Personnel)** | 1. N/A | 1. Write in SIPS |
| SIEMANS **Training:** Training is required for the following access levels prior to providing access:   1. Schedule Appointments, check in, patient insurance maintenance, Walk in, demographics/insurance 2. Create Medical Record Numbers 3. Charge Entry 4. Orders 5. CPOE 6. Resource Template Maintenance   **Approvals:** The following supplementary approvals are required prior to providing access to the Create Medical Record # function:  Clinics – Approved by Joni Perry  PFS – Approved by Joni Perry | 1. **Information Display** (Demographics/Insurance)  * **Registration/Insurance/Checkin -** Patient Insurance Maintenance, Walk in, Demographics /Insurance, Schedule Appts. * **Create Medical Record #** * **Charge Entry** * **Resource Template Maintenance** * **Diagnosis** * **Orders**  1. **Department Specific Levels**: 2. Patient Accounts  * Prout Profile  1. Medical Information Management 2. Nursing  * CPOE  1. Labs 2. HUB 3. Bed Control/ Admitting 4. Financial Systems 5. ISD 6. EKG 7. Social Work 8. Office of GME 9. **Other**  * Admitting * Pre-Arrival | 1. Write in Information Display 2. Select one or more functions listed under Clinics and write in the name of each function needed.   **Note:** See Training and Approval requirements in 1st column.   1. Using the SMS Access Levels document provided to your department by Information Security Administration, write in the Group Name(s) that best describes the access being requested. 2. Write in other and describe the access being requested | |

| **SYSTEMS** | **ACCESS LEVELS** | **HOW TO COMPLETE “Access Level Requested” COLUMN** | |
| --- | --- | --- | --- |
| **Sovera (Imaging System for Patient Financial Services)** | 1. **Level 1: Capture (scanning)** 2. **Level 2: Retrieval (view)** 3. APPZERO -Appeals work queue 4. COLLECT -Financial Counseling and GFS Bankruptcy work queues 5. ADMIT –Scan/Index documents and Bedside admin work queue 6. CRM – Clinical Information Requested work queue 7. DOCRETVL (no work queues) 8. INSVERIP - Insurance Verification, Authorizations, and Financial Counseling work queue 9. MAC – Medicaid Referral work queue 10. MRREQ –Medical Records Request work queue 11. OPINBED -Outpatient in a Bed work queue 12. REFUND –Refund Request work queue 13. RESCORR –Correspondence work queue 14. SUPVADM –Admitting Supervisor 15. SUPVCOLL –Collections Supervisor 16. SUPVPAS – Patient Accounts Supervisor | 1. Select one of the access levels listed to the left and write it on the form under the “Access Level Requested” column. If selecting Level 2 you must also select from levels A-N and include on the form. – ***Supplementary authorization is required for all access requested. See listing of supplementary requirements on last page of this form.*** |
| **STAR (Selecting Talent through Active Recruitment)** | 1. Hiring Manager 2. Administrative Delegate | 1. Write in Hiring Manager 2. Write in Department Number, Department Manager’s approval signature and Date. |
| **TSO**  **Approvals:**  Supplementary authorization is required for all TSO requests. See Attachment 2. | 1. Project Control View Only 2. Project Control Update 3. Run Batch Jobs/View Output 4. File Transfers 5. LAN Administration 6. Other | 1. Write in Project Control View only 2. Write in Project Control Update 3. Write in Batch Jobs and include the job names and datasets that access is needed for 4. Write in File Transfer and include file name that is being uploaded or downloaded 5. Write in LAN Administration and include file server name 6. Describe access being requested |
| **T-System** (Emergency Department Documentation/Patient Tracking) – ***Access to T-System charting system requires completion of computer-based training application before access is granted.***  The Priority Code indicates the order staff will be displayed on the system after signing up for patients. The codes are assigned as follows:   * Attending MD – 1 * Resident – 4 * Medical Student – 6 * RN – 1 * NA – 4 * Clerk – 1   **No access is granted to staff not assigned to the ED; consulting MDs must attend training to obtain access** | * **Physician:** For attending physicians working in the UNC Emergency Department. Locked templates will be sent to WebCIS as “Final.” (Query, print, assume ownership, copy documents, view visits, view documents, create visits, create documents, delete visits, delete documents, edit visits, edit documents, discharge, undischarge, lock, merge, unmerge) * **Resident:**  Residents on rotation in the ED. Locked templates will be sent to WebCIS as “Preliminary.” (Query, print, assume ownership, copy documents, view visits, view documents, create visits, create documents, delete visits, delete documents, edit visits, edit documents, discharge, undischarge, lock, merge, unmerge) * **Students:** Medical Students on rotation in the ED. Locked templates will be sent to WebCIS as “Preliminary.” (Query, print, assume ownership, copy documents, view visits, view documents, create visits, create documents, delete visits, delete documents, edit visits, edit documents, discharge, undischarge, lock merge, unmerge) * **Nurse:** All RNs and NAs responsible for documenting on patients in the ED. (Query, print, assume ownership, view visits, view documents, create visits, create documents, delete visits, edit visits, edit documents, signoff, unsignoff, discharge, undischarge, lock merge, unmerge) * **Clerk:** HUCs, Carolina Air Care communicators, coding staff, administrative staff who need access to the Patient Tracking Screen and clinical reports, but do not need to chart on patients. (Query, print, view visits, view documents, create visits, edit visits, discharge, undischarge, merge, unmerge) | * Write in Physician * Write in “Add to Citrix T-Systems user group” * Write in Resident * Write in “Add to Citrix T-Systems user group” * Write in Student * Write in “Add to Citrix T-Systems user group” * Write in Nurse * Write in “Add to Citrix T-Systems user group” * Write in Clerk * Write in “Add to Citrix T-Systems user group” |
| **WebCIS (Clinical Information System)** | 1. **Level 1.8** View Only - Demographics, general problems, medications, allergies, visits and various reports. View clinic, operating room and physician schedules, inpatient census, phone message and activity, group and personal lists. 2. **Level 2.0** Enter/Update for outpatient visits. Enter/Update vitals, annotations, medications allergies, general problems and healthcare maintenance items. (Notes for 3rd and 4th year medical students). Use clinic, operating room and physician schedules, inpatient census, phone message and activity, group and personal lists. 3. **Level 2.5** Enter/Update Vitals, annotations, medications and prescriptions both printed and electronic, allergies, general problems, healthcare maintenance items and a variety of notes. Use clinic, operating room and physician schedules, inpatient census, phone message and activity, group and personal. | 1. Write in Level 1.8 - Inpatient Nurses, Nurse Assistants, Computer Business Associates (CBA), Researchers, Research Assistants, Visiting Physicians and Students 2. Write in Level 2.0 - Outpatient Nurses, 3rd or 4th year Medical Students.  * Write in Level 2.5 – Credentialed Physicians and Nurse Practitioners. | |
| Windows NT Server - File Access | * Additional access to other resources | * Please specify file or directory that the user will require access to and include the owner of the file or directory. |

|  |  |  |
| --- | --- | --- |
| **ATTACHMENT 2**  **Required Supplementary Authorizations** | | |
| **SYSTEMS** | **ACCESS LEVELS** | **Authorizer** |
| GEAC (Dun & Bradsteet) | 1. Payroll/Personnel System | 1. John Storment, Financial Systems 2. Denise Roveeto/Norm Klase, Personnel |
| Lawson Purchasing/Inventory | 1. Level 5: Dept Specific 2. Pharmacy 3. Labs 4. Radiology 5. Plant Engineering 6. OR | 1. Frank Barnes 2. Laura McClannan/Cathy Holleman 3. Mike Degennaro/Debbie Wolfe 4. Rodney McDonald 5. Susan Phillips |
| Sovera Imaging System for Patient Financial Services | * All levels | * Gretchen Smith/Matt Castellano Patient Financial Services |
| TSO | 1. All levels | 1. David Brooks, ISD |

|  |  |  |
| --- | --- | --- |
| **ATTACHMENT 3**  **Required Approval Procedures for Non-Hospital Users** | | |
| **Users** | **Required Approvals** | **Required Procedures** |
| Medical Students (3rd & 4th Year) | Pattie Curry | Systems Access Request Form must be approved prior to forwarding to Information Security Administration and Date to Delete must be completed. A signed Confidentiality Statement must also accompany the Systems Access Request Form. |
| Visiting Medical Students | Leanne Shook | Systems Access Request Form must be approved prior to forwarding to Information Security Administration and Date to Delete must be completed. A signed Confidentiality Statement must also accompany the Systems Access Request Form. |
| Visiting Residents | Department Attending directly responsible for resident. | Systems Access Request Form must be approved prior to forwarding to Information Security Administration and Date to Delete must be completed. A signed Confidentiality Statement must also accompany the Systems Access Request Form. |
| International Students | Pattie Curry | Systems Access Request Form must be approved prior to forwarding to Information Security Administration and Date to Delete must be completed. A signed Confidentiality Statement must also accompany the Systems Access Request Form. Copy of Visa and passport must also be attached. |