ELECTRONIC SERVICE REQUEST FORM

PLEASE COMPLETE, SIGN AND E-MAIL: helpdesk@ynhh.org

Important: If you need Research Access, YU/YNHH employees may use this form.

For non-employees of YU/YNHH, complete the Research Request for Medical Record Access form along with the Confidentiality agreement. You can access the Research Request for Medical Record Access by clicking on the following link Research Request Form.

- *You are not permitted to request access for yourself.*
- *Your Manager must submit the access request on your behalf via their company email.*

Section I – Approval to be Completed by Authorizing Management Staff (Required for form processing)	
Access will be denied if required fields (*) are not completed.	
Authorizer's Name: *	**Title: ***
Electronic Signature* *By placing check mark in Signature box , I assume responsibility for the access granted for the listed individual(s).*	
Phone: *	**Date: ***
Email: *	**Contact Hours:**
Section II – Person to Notify with Access Information upon Completion (if different than above)	
Name:	**Title:**
Phone:	**Contact Hours:**
Email:	
Section III – General Information (Individual needing access, if more than one attach list of names on excel spreadsheet)	
First Name: *	**Last Name: ***
Middle Name:	**Email Address: ***
Office Phone: *	**Office Fax #:**
Office Address: *	**Building/Floor/RM #: ***
Cell Phone/Pager:	**Manager (if app):**
YNHH/EPIC ID (if app):	**Yale University NetID (if app):**
For Credentialed Staff Only:	
DEA #(CT, NY, RI):	**State Licensure # (CT, NY, RI):**
NPI#:	**Credentialed Location: (YH, BH, GH, YM, LMH, WH, NEMG)**

Section IV – Role Information

Affiliation: *	BH ☐ GH ☐ HSC ☐ LMH ☐ CPBS ☐ NEMG ☐ SRC ☐ WH ☐ YM ☐ YNHH ☐ YU VNASC YHC Community Connect Practice: _____
Position / Job Title: *	☐ APRN ☐ Attending ☐ CNM ☐ CRNA ☐ DO ☐ Fellow ☐ PA ☐ MD ☐ Resident OT ☐ PT ☐ RN ☐ RN (Traveler) ☐ RPH ☐ RT ☐ Support Staff ITS Staff ☐ Consultant ☐ Other:_____ Student (☐ APRN ☐ Med Student ☐ RN ☐ SRNA ☐Other:_____)

Section V – Access Type	
☐ **New Hire (Start Date:** _____ **)**	☐ **Modify Access (Date to modify:** _____ **)**
☐ **New Position:** _____	**Is this a transfer?** ☐ Yes ☐ No
	Is current access needed? ☐ Yes ☐ No
	Is additional access required? ☐ Yes ☐ No

☐ **Person with similar job functions: (Name:** _____ **User ID:** _____ **)**

☐ **Renew Access (Systems:** _____ **Date:** _____ **)**

☐ **Delete Access (Systems:** _____ **Date:** _____ **)**

☐ **Contract/Temporary/Student (Start Date:** _____ **End Date:** _____ **)**

Section VI - System Access							
☐ **Network ID**	☐ **Outlook**	☐ **Epic**	☐ **Visage Imaging**	☐ **Primordial**	☐ **OBIX**	☐ **HPF**	☐ **Pyxis**
☐ **Mobile Heartbeat**	**PowerShare**						

☐ **Shared Drive (list full folder path)**: _____

Example: Shared4 (\\ynhh\root\) (P:) > Reports

☐ **Other** _____

For Epic Care Link access please complete the EpicCare Link User Request Form *located at Eclink.ynhhs.org*

Section VII – Software

☐ Upgrade   ☐ New   Purchase Order #: _____ (Required to obtain license key for software)

Name of Software: _____   Version: _____

Computer's Host Name: _____

Section VIII – Hardware Information

☐ New Equipment (PO/Cost Center # _____)   ☐ COVID19 Related

Indicate quantity next to designated equipment:

PCs   Laptops   CWS   Monitors   Keyboards   Mouse   Scanners   Printers

Current Equipment Location:
Street Address _____ Building _____ Floor _____ Room _____

New Equipment Location:
Street Address _____ Building _____ Floor _____ Room _____

Computer's Host Name: _____

Section IX – Additional Information