YaleNewHavenHealth

REQUEST FOR SERVICE PLEASE COMPLETE, SIGN AND RETURN TO:

For YNHHS - E-MAIL: helpdesk@ynhh.org or FAX: 203.502.4987

For LM / WH - E-Mail: lmh_accountmgmt@lmhosp.org

Important: If you need Research Access to Epic or other systems **PLEASE DO NOT USE THIS FORM**

Complete the Research Request for Medical Record Access form along with the Confidentiality agreement. Find this form on the intranet under Departments >ITS - Information Technology Services >Forms & Policies >ITS Forms. Submit signed and completed forms via fax or email: Fax 203.688.0289 or email EpicCare.eHIM@ynhh.org for approval, along with any questions or concerns.

Section I – Approval to be Completed by Authorizing Management Staff (Required for form processing)	
By signing this request, I assume responsibility for the access granted for the listed individual(s).	
Authorizer's Name:	**Title:**
Signature:	**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 a list)	
First Name:	**Last Name:**
Middle Name:	**Email Address:**
Office Phone:	**Office Fax #:**
Office Address:	**Building/Floor/RM #:**
Cell Phone/Pager:	**Manager (if app):**
Network ID (if app):	**Employee ID (if app):**
Yale University ID (if app):	
For Credentialed Staff Only:	
DEA #(CT, NY, RI):	**State Licensure # (CT, NY, RI):**
NPI#:	**Credentialed Location:** **(YH, BH, GH, YMG, LMH, WH, NEMG)**

Section IV – Role Information	
Affiliation:	☐ BH ☐ GH ☐ HSC ☐ LMH ☐ NEMG ☐ SRC ☐ WH ☐ YMG ☐ YNHH ☐ YU ☐ Community Connect Practice:______________________________ ☐ Vendor/Consultant/Non-Clinician (Completed Business Associate Agreement must be on file ☐ Employee (If Hospital or Health System)
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**	☐ **Synapse**	☐ **Obix**	☐ **HPF**	☐ **Pyxis**	☐ **Mobile Heartbeat**

☐ **Exempt Remote/Portal** ☐ **Non-Exempt Remote/Portal (HR approval)**

☐ **Shared Drive (list file path):____**

☐ **Other____**

Please note: VPN requires a separate form found on the ITS Intranet web page.

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 (Purchase Order #:_______) ☐ Relocate Equipment ☐ Retire Equipment

☐ Convert PC to CWS ☐ Convert CWS to Business PC ☐ Re-Image PC

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