

Questions? Please call the UW Health Help Desk at 265-7777

*All information is required for processing.
 Incomplete information may delay provision of access.*

Is this request for (CHECK ONE):	Addition (new employee)	Revision (update existing access)	Internal Transfer (new job, same employer)	Name Change (include old name)	Deletion (terminate access)
UW-Madison Employer:	SMPH	Waisman	UWMF	Other: _____	
Last Name: _____	First Name: _____		MI: _____		
Specific Work Title: _____	Department Name: _____				
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If employee is transferring from a previous position within UW Health:					
Previous Work Title: _____			Previous Department: _____		

Computer Systems Access Requests

List any current or previous user IDs user has to UW Health systems (please do not list passwords): _____

List name of employee in the user's work area with *similar responsibilities* for comparison: _____

HEALTH LINK ACCESS

Which of the following functions will the employee perform in Health Link (check all that apply)?

Viewing Patient Information

- View patient demographics (address, insurance, etc.)
- View patient medical records
- View future appts/ procedures scheduled for a patient

Viewing Patient Lists

- View schedules for specific clinics (list below / attach)
- View current inpatient census lists
- View the operating room schedule

Providing and Documenting Care

- Basic documentation (e.g. telephone & pt info notes)
- Inbasket messaging (list pools below / attach)
- Document clinical care provided to patients
- Place clinical orders for patients

Which of the following ROLE SPECIFIC functions will the employee perform in Health Link?

Support Staff (check all that apply):

- Schedule clinic appointments (*scheduling agreement required)
- Transcribe orders written by providers (*orders agreement required)
- Request surgical cases on behalf of surgeons

Researchers(check all that apply, attach research role description):

- Retrospective/chart-review research
- Pend patient care orders per research protocol
- Document in the medical record re: clinical trials.
- User is an RN researcher and will pursue full RN credentialing.

Non-Credentialed Clinicians (specify the clinician's licensure status and clinical title - e.g. PhD, Psychologist):

If employee is scheduled for Health Link training, list courses and dates here:

Other UW Health Computer Systems (List other applications or special requests. Attach additional sheet if needed):

User Agreement and Access Authorization

By signing below, I agree to and understand that disclosure of my password to anyone else is a SECURITY VIOLATION. I will abide by applicable UW Health confidentiality and security policies, which can be obtained from my department manager or online in UConnect.

In addition, I agree that:

- I will only access the electronic data of patients related to the care or services I am providing, as required by my specific job responsibilities, and only to the minimum extent necessary to carry out those responsibilities.
- I will not access or attempt to access unauthorized patient records, and I will not permit unauthorized individuals to view patient data.
- My computer activities are logged in an audit trail, and I am responsible for all activity that appears on my audit trail. I will log off of applications containing confidential data immediately after use to assure no other person's activities appear on my audit trail.
- I know that unauthorized use or access of a patient's protected health information or any other confidential information is a violation of law, as well as a breach of UW Health privacy policies. Such use may result in the termination of my employment and/or may result in legal sanctions, which could include a fine and/or jail in accordance with state and federal statutes.

Employee Signature: _____ Date: _____

Authorization (ALL FIELDS REQUIRED TO VALIDATE AUTHORIZATION)

Dept/Division ADMINISTRATOR Signature: _____ Date: _____

Print Name AND Title: _____ Phone: _____