UW Health

Information Services

USE THIS FORM ONLY FOR

UW Health Computer Systems Authorization
UW-Madison Employees

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

SUBMISSION INSTRUCTIONS: Please complete and fax to **890-9890**.
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: Taylor **First Name:** William **MI:** M

Specific Work Title: Senior Systems Programmer **Department Name:** SMPH-IT Research Infrastructure

Name and Title of Employee's Supervisor: Tom Mish, Director of SMPH-IT Research Infrastructure

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):

Windows 7 stats box for demo purposes no data

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: 6/6/17

Authorization (ALL FIELDS REQUIRED TO VALIDATE AUTHORIZATION)

Dept/Division ADMINISTRATOR Signature: _____ Date: 6/6/17

Print Name AND Title: Umberto Tachinardi, CRIO Phone: (608) 263-6171

Revision: 11/14/14 lmr