

LifePoint IT&S Security Access Form (MRMC)

PLEASE COMPLTE ALL HIGHLIGHTED AREAS. If not completed, access will not be given

Student Last Name	Student First Name	MI or "NA"	Status	Start Date
Work Address 989 Medical Park Drive	City, State, Zip code Maysville, KY 41056	Request Number		
Phone Number	EXT.	Date of birth	SS# of User	
User Type <input checked="" type="checkbox"/> Life Point Student				Exp. Date Student
Expiration and Approval Requirements		Expiration date must be supplied in field 10 for "Contractors" and "Vendors". The expiration date should be the end of the contract or engagement period.		
Department # N/A	Department Name Student	Job Title LPN		
Universal ID N/A	Network login if different from UID Same	Domain LPNT		
Student Signature	E-Mail Address	Date		
Authorizing Security Coordinator Statement	By signing this request I am stating that I have reviewed the above information for completeness and it is accurate to the best of my knowledge. Also I have reviewed the Information Security Agreement and verified that it has been completely filled out and signed. Also that I verify this request and authorize its processing..			
Authorized Signature	(22) Security Coordinator Signature	(23) Date		
Printed Name	(25) Security Coordinators Printed Name	(26) Phone Number of HDIS / LSC 606-759-3234		

Applicant has Information Confidentiality & Security Agreement on file Yes No

Action: New Add Change Delete Terminate Effective Date:

Access Granted By HDIS/LSC	Level	Other Comments
<input checked="" type="checkbox"/> Meditech	Student	Student

Comments:

This for serves as documentation for system access necessity for the role of Medical Student

Application

Reason for Access

Meditech

Access is given to allow user to document/edit/view patients record.