



The Regional Medical Center at Memphis  
 Information Technology Department  
 SYSTEM ACCESS REQUEST FORM



Date: \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name M. Initial Employee # Job or Professional Title

\_\_\_\_\_  
 Department Name Department Head Work Phone # E-Mail Address

Physician Type: Staff  Attending  Fellow  Resident  Intern  Medical Student

Other Student (Specify): \_\_\_\_\_ Specialty: \_\_\_\_\_

**Organization**

The MED  The Health Loop  UTMG (Please enter business unit or clinic): \_\_\_\_\_

UT  Campbell Clinic  Christ Community Clinics  Semmes-Murphy Clinic

Other Clinic or Company Name: \_\_\_\_\_ Vendor: Yes  No

Provider: Yes  No  If Yes, Provider Mnemonic: \_\_\_\_\_ Temporary access ends: \_\_\_\_\_

**Primary System (please check one):** Meditech  NextGen

I authorize this person to be given the following access profile: \_\_\_\_\_

**Other Systems & Resources Required**

QS  NextGen  PACS  Network  E-mail  Valco

VPN  Wireless  API  Other: \_\_\_\_\_

<b>Physician Portal <input type="checkbox"/></b> <i>Remote Request not Required</i>
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This person is requesting remote VPN access at the following (check all that apply):  
 Clinic/Office  Home  Travel  *Please complete a separate Request for Remote Access.*

**APPROVAL/SIGNATURES**

Access to and use of information resources defined in this document are contingent upon completion of mandatory Privacy Training, mandatory training on use of application(s) requested, and a signed Confidentiality Agreement.

\_\_\_\_\_  
 Signature of Authorizing Department Head or non-MED Designated Official Date: \_\_\_\_\_

I understand I am responsible for reading and following all applicable Policies regarding the use of The Med's IT Systems.

\_\_\_\_\_  
 Signature of Authorized User Date: \_\_\_\_\_

**For Non-Med Requests and Remote Access:**

\_\_\_\_\_  
 MED Privacy Officer Signature Date: \_\_\_\_\_