

ELECTRONIC SERVICE REQUEST FORM

PLEASE COMPLETE, SIGN AND E-MAIL: helpdesk@ynhh.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. You can access the Research Request for Medical Record Access by clicking on the following link [Research Request Form](#). Please follow instructions on form for submittal.

- *You are not permitted to request access for yourself.*
- *Your Manager must submit access request on your behalf via email.*
- *For quicker processing please refrain from printing/scanning form to help desk*

Section I – Approval to be Completed by Authorizing Management Staff (Required for form processing)	
<i>Access will be denied if required fields (*) are not completed.</i>	
Authorizer's Name: *	Title: *
Electronic Signature* <i>By placing check mark in Signature box, I assume responsibility for the access granted for the listed individual(s).</i>	
Phone: *	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 list of names on excel spreadsheet)	
First Name: *	Last Name: *
Middle Name:	Email Address: *
Office Phone: *	Office Fax #:
Office Address: *	Building/Floor/RM #: *
Cell Phone/Pager:	Manager (if app):
YNHH/EPIC ID (if app):	Yale University NetID (if app):
For Credentialed Staff Only:	
DEA #(CT, NY, RI):	State Licensure # (CT, NY, RI):
NPI#:	Credentialed Location: (YH, BH, GH, YM, LMH, WH, NEMG)
Section IV – Role Information	
Affiliation: *	BH <input type="checkbox"/> GH <input type="checkbox"/> HSC <input type="checkbox"/> LMH <input type="checkbox"/> CPBS <input type="checkbox"/> NEMG <input type="checkbox"/> SRC <input type="checkbox"/> WH <input type="checkbox"/> YM <input type="checkbox"/> YNHH <input type="checkbox"/> YU VNASC YHC Community Connect Practice: _____
Position / Job Title: *	<input type="checkbox"/> APRN <input type="checkbox"/> Attending <input type="checkbox"/> CNM <input type="checkbox"/> CRNA <input type="checkbox"/> DO <input type="checkbox"/> Fellow <input type="checkbox"/> PA <input type="checkbox"/> MD <input type="checkbox"/> Resident <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> RN <input type="checkbox"/> RN (Traveler) <input type="checkbox"/> RPH <input type="checkbox"/> RT <input type="checkbox"/> Support Staff <input type="checkbox"/> ITS Staff <input type="checkbox"/> Consultant <input type="checkbox"/> Other: _____ <input type="checkbox"/> Student (<input type="checkbox"/> APRN <input type="checkbox"/> Med Student <input type="checkbox"/> RN <input type="checkbox"/> SRNA <input type="checkbox"/> Other: _____)

Section V – Access Type

<input type="checkbox"/> New Hire (Start Date: _____)	<input type="checkbox"/> Modify Access (Date to modify: _____)
<input type="checkbox"/> New Position: _____	Is this a transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is current access needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is additional access required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Person with similar job functions: (Name: _____ User ID: _____)	
<input type="checkbox"/> Renew Access (Systems: _____ Date: _____)	
<input type="checkbox"/> Delete Access (Systems: _____ Date: _____)	
<input type="checkbox"/> Contract/Temporary/Student (Start Date: _____ End Date: _____)	

Section VI - System Access

<input type="checkbox"/> Network ID	<input type="checkbox"/> Outlook	<input type="checkbox"/> Epic	<input type="checkbox"/> Visage Imaging	<input type="checkbox"/> Primordial	<input type="checkbox"/> OBIX	<input type="checkbox"/> HPF	<input type="checkbox"/> Pyxis
<input type="checkbox"/> Mobile Heartbeat	<input type="checkbox"/> PowerShare						
<input type="checkbox"/> Shared Drive (list full folder path): _____ Example: Shared4 (\\ynhh\root\ (P:) > Reports							
<input type="checkbox"/> Other _____ <i>For Epic Care Link access please complete the EpicCare Link User Request Form located at Eclick.ynhhs.org</i>							

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 (PO/Cost Center # _____) **COVID19 Related**

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
