

Information Services: Request for Access (RFA)
San Antonio – General Access Requests



Date of Request _____ Date Access Needed _____ Type of Request Add/New Hire Change/Transfer Delete

User Applicant Demographic Information (Please provide full legal name)

Last Name: _____ First Name: _____ MI: _____ Date of Birth: _____ Last 4 SSN: _____

Applicant Type

- Local Employee VHS Employee Student Volunteer
 Med Staff Physician Physician Office Staff Resident MSO Member
 Business Associate: (Includes: Agency, Contract, Vendor, Joint Venture)

Employment Information: (Complete all that apply)

Employer Name: (Org., Co., or Phys. Group) _____ Staff Phys ID Nr: _____
 VHS Region: _____ VHS Dept Name: _____ VHS Dept Nr: _____
 Employee Nr: _____ Job Title: _____ Job Code: _____
 Work Location: (Facility, Bldg) _____ Work Phone: _____
 If access is requested under a contract, provide contract: _____ Start Date: _____ End Date: _____

Access Requested

Network Access (Check all that apply)

- Basic** Local Area Network (includes a Network Acct., Network Printing, personal (H) and department (I) network drive mapping.)
 Shared User Directories (other than those for Basic access.) Specify: _____

- Remote** Network Access Account via VPN Other Remote Specify: _____

- Applications** Local eMail Account Internet

Primary Information System - STAR

- Clinical** ID1 Prod ID2 Test ID12 Train Menu Name: _____ Sec Lvl: _____
Financial ID1 Prod ID2 Test ID12 Train Menu Name: _____ Sec Lvl: _____
Radiology ID1 Prod ID2 Test ID12 Train Menu Name: _____ Sec Lvl: _____

Secondary Applications Systems (by Application Groups)

- Clinical Care** HOM/HEO Orders HED Documentation HARX Meds Admin HEC Tracking Brd HSM Surgical Mgt
 StarGate Phys Portal PHS Pt Scheduling GE/QS Fetal Mon WatchChild Visicu eICU
Laboratory Horizon Laboratory Horizon Blood Bank PowerPath PCx Glucometer ISTAT
Radiology Star Radiology DVI Fusion Dictation MRS Mammo Medfax RIS
PACS HMI PACS Amicas PACS RPD Amicas PACS Excelera PACS
HIM HPF Pt Folder 3M HDM/ARMS SoftMed EMON Trascript
Pharmacy HMM Meds Mgt AcuDose
Ancillary CVIS Impath Cancer Reg MUSE Midas InterQual
 Phys Credentialing
Admin Star HR Kronos Time/Attend DPMS Productivity OneStaff Episuite
 Docuware
Financial Star Fin AVEGA Pathways Mat Mgt Supply Scan PCon Contracts
Other Riskmaster Occurrence Web TMS Technogym Numara FootPrints

Other Access: (Specify what is needed) _____

Applicant Signature: _____ Date: _____

Sponsor Authorization

Name of Sponsoring Manager: (Print Name) _____ Signature: _____ Date: _____
 Phone Nr: _____ eMail Address: _____

Confidentiality and Security Access Agreement **IS COMPLETED FORM ON FILE?** YES NO