

REQUESTS SENT BY FAX WILL NOT BE ACTIONED



MIDCENTRAL DISTRICT HEALTH BOARD
Te Pae Hauora o Ruahine o Tararua

User Access Request Form

This section is for Information Systems Use Only

Groups:

- Apps Internet
- Proj Trendcare
- Policy Stop Login
- Apps_Pacs_Ms_User
- All Palmerston North
- All Clinicians
- Nursing

Date: _____

Processed By: _____

AD User ID: _____

Alternate ID: _____

- New Account
- Update
- Non-DHB

To aid processing, please print clearly when completing the following sections in numerical order (steps 1 through to 6 inclusive)

Step 1: Request Type (please only tick one of the following)

- A new user to be added** – e.g. New staff/contractor (a user that does not currently exist)
- Existing user needs more access** – e.g. for new duties (select **only** the additional access, original access won't change)
- Reactivation** – e.g. Returning staff/expired account (a user that was in the system and needs enabling)

Step 2: User Information (Please complete all fields in this box)

Family Name: _____ Given Names: _____

Employee Type: Permanent Temp/Contract until: ____ / ____ / ____ Other: _____

Employee No * : _____ *** Important:** New & Current MDHB Employees **must** obtain their employee number from the Yourself Portal or Human Resources (x8850) if unknown. Non-MDHB employees, please enter N/A.

Job Title: _____ Dept.: _____ RC: _____

Phone No./Ex. _____ Preferred name (if different from above): _____

Step 3: Access Requirements (please tick the box next to the access required and complete details)

- Network Access** – An *individual* computer log-on. Not required if you are using a computer with an authorised shared log-on.
Folder access required: _____ or same access as: _____
- Email** – Please note that all MDHB staff are provided with email by default. (Refer to email conditions on next page).
- Internet Access** – Access to the internet **for business purposes**. (Refer to internet conditions on next page).
- Homer** – Also known as the Patient Administration System, or PIMS.
Module(s) required: _____ or same access as _____
- Éclair** – Clinical results system
- BadgerNET** (MCIS + NCIS)
- Trendcare** – Nursing Acuity system
- SAFERSleep** : OR – Theatre system PREOP – Preoperative Assessment Acute Pain – Acute pain rounds
- Clinical Portal**
Select the appropriate role(s) Consultant Nurse Signer Medical Trainee RMO Radiology
 Allied Health Hospital Pharmacist Community Pharmacist Nurse Midwife
 Medical Secretary Clerical Bookings Clerical Coordinator Clerical Privileged
Additional Clinical Portal access for specific work areas: ED Mental Health Whanganui DHB
- RISWEB** – Radiology Information System (PACS access granted by default to all clinicians) ED Order Entry
- WinScribe**: Typist Author: NZMC# _____
- Riskman** All MDHB staff are granted default access to Riskman unless specified.
- Other** (specify) _____

This is a double-sided form and must be printed as such.

Please complete all steps (1-6) and have it signed by your manager/team leader (or authorised deputy)
For additional copies, or if you need assistance with your request, please contact the Service Desk (Extension 8000)

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Please note: Incomplete forms will be returned

Step 4: User Policy Acceptance

I accept that:

- I have read, understood and will abide by the **MDHB-1943 Information Systems Security & Access Policy** and its guidelines. I am required to maintain a secure password in line with **section 4.4** of this policy.
- Information Systems reserve the right to decline or terminate access if password usage is deemed insecure. Information Systems staff will assist any user who requires training on secure password practice.
- I will automatically be granted email for **business purposes**. I have read, understood, and will abide by **MDHB-5365 Email Acceptable Use Policy** and its guidelines for email use.
- Where internet access has been granted, I understand that it is for **business purposes**. I have read, understood, and will abide by **MDHB-5366 Internet Acceptable Use Policy** and its guidelines for internet use.
- **ALL emails and attachments sent from or to my email account and ALL content downloaded from the Internet is the property of MidCentral District Health Board and that there is no right of privacy for me relating to any such material.**
- Current policies can be found on the MDHB website under the 'MDHB Documents' page. Select the 'Information Systems' link under 'ALL DMS Policies'. Access to the website is available from any public-use workstation in the Clinical Library. Revisions of these policies will be communicated to users through the MDHB policy update process.
- Before computer access can be granted I must have completed a **Declaration of Confidentiality**. If I have never done so then I **must** complete one, tick the box below and attach it to this request. If I have previously completed a declaration during my employment I can simply tick the box below. *(The form can be found on the MDHB Website under the 'MDHB Documents' page. Select the 'Information Systems' link under 'All Non DMS Forms'. It is named 'User Declaration Form'.)*

I have completed a Declaration of Confidentiality as described above (please tick)

Applicants Signature: _____

Date: _____

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Step 5: Authorised Approval

I consent to granting the above user remote access to MidCentral DHB's network and that they will have a valid reason to access the above services/applications. I agree to meet all costs associated with this application.

Full name: _____ Title: _____

Signature: _____ Date: _____

Step 6: Check form and send to Information Services

I have checked steps 1 to 5 and both sides this form have been fully completed (please tick)

Address and send to: User Access Forms,
Information Systems.

Please allow time for sending and processing (at least 2 working days from when the form is received at Information Services).

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