**INSTRUCTIONS:** Please type all requested information. Handwritten responses will not be accepted.

*Please reference the IS-01-101 Computer Systems Acceptable Use Policy & IS-01-102 Remote Access Policy for further guidelines regarding network access*

**USER INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Job Title/Department** |  |
| **Email Address – personal emails not acceptable** |  | **Institution/Vendor Name** |  |
| **Telephone #** |  | **Last four digits of SSN – if non-Grady employee** |  |
| *Access end dates are as follows: Grady Employee – termination of employed; Non-Grady employees hired thru Grady’s temporary service – termination date; Student/Intern – End of rotation but no longer than 6 months; Researcher – access expires at annual renewal of study. exceptions must be approved by compliance department* | | | |

**The User requesting access is a** *(Please select all that apply) and* **the User will need the following access to perform his/her job** *(select appropriately)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Category** |  | **Access Request** | |  | **\*Grady Employees User Purpose** | |
| \*Grady Employee |  | EPIC Only | |  | Salaried | Yes  No |
| \*Non-Grady Employee |  | Remote-Access (EPIC) | |  | If not salaried, the employee need access for: | Current  Another Position  On call Yes  No |
| \*Student/Intern |  | VPN (Non-EPIC) | |  | List other Positions/Depts. |  |
| \*Vendor/Temp Worker |  | 3M ChartView/ChartScan | |  |  |
| \*Nurse (RN, LPN, NP) |  |  | |  |  |
| \*\*Researcher |  |  | |  |  |
| Other, please describe |  |  | | | | |
|  | | | | | | |
| ***USER PURPOSE: ACCESS WILL NOT BE GRANTED UNLESS THIS PORTION IS COMPLETED.***  ***PLEASE INDICATE NA, WHERE APPLICABLE*** | | | | | | |
| **\*\*\*NON-RESEARCH USER PURPOSE** | | | | | | |
|  | | | | | | |
| **\*\*RESEARCH USER PURPOSE** | | | |  | | |
| **Title of Study** | | | |  | | |
| **IRB Number and Expiration Date** | | | |  | | |
| **Description of Duties** *(i.e. how PHI will be used)* | | | |  | | |
| **Access will be internal or external to Grady**  Please specifically indicate location. | | | |  | | |
| **List any and all external sources who you will share PHI with** *(i.e. CDC, Georgia Health, other institutions)* | | | |  | | |
| **If access is for recruitment, please explain process:** | | | |  | | |
| **PI Signature** | | | | **Date:** | | |
| **Internal Use Only – Director/Manager or Above Must Approve:** | | | | | | |
| ***As the Grady Authorizing Approver, you acknowledge that the user listed above is requesting access to perform his/her job and you certify that all required forms and onboarding requirements have been completed. By signing this form, you acknowledge that you have read and understand the IS-01-101 Computer Systems Acceptable Use Policy & IS-01-102 Remote Access Policy.*** | | | | | | |
| **Authorizing Director/Manager Signature/Title:** | | |  | | | |
| **Information Security Signature/Title:** | | |  | | | |
| **Research Signature/Title:** | | |  | | | |
| **Compliance Signature** *(when applicable):* | | |  | | | |

***INSTRUCTIONS:*** *Please forward the completed Form to the Office of Information Security via email at* [*infosec@gmh.edu*](mailto:infosec@gmh.edu) *or fax at 404-489-3102. If the request is for ROC approved research, please forward the completed form to the Office of Research Administration, via email at* [*research@gmh.edu*](mailto:research@gmh.edu)*.*