HealthONE LEADING HOSPITALS. TRUSTED CARE.

Clinical Access Authorization Form

FAX to: 1-866-634-8489

Last Name:	First Name:	MI:

Office / Work Name:	Office / Work Phone: | Ext:	Office / Work Fax:

Office / Work Address (include Suite #):	City, State, Zip Code

Date of Birth: (required)	Full SSN#: (required)	~~Pager #:~~ Cell #	E-mail Address:

Access Requested:

Please Check any that apply:

- ☐ AD/NT
- ☐ Meditech
  - ☐ Electronic Signature / Edit
- ☐ Remote Access (SRA / VDI)
- ☐ Mobility (iPHONE)
- ☐ Portal (web access Meditech)
- ☐ GECPN Access (QS-Perinatal)
- ☐ GECPN/OB Link MD only-Facility Approval
- ☐ T Systems (ED)
- ☐ Clinicomp (ICU for Swedish only)
- ☐ Accudose/Pyxis (ANES ONLY)
- ☐ Other
- ☐ Muse (EKG)
- ☐ PACS

Action Requested:

- ☐ New
- ☐ Add
- ☐ Reactivate
- ☐ Change

☐ **HealthONE Credentialed Provider**

Please Check One:

- ☐ Doctor
- ☐ Allied Health Professional
  LIC#
- ☐ Office Staff of Credentialed Doctor
  - ☐ Clinical ☐ Non- Clinical

Job Title:

Providers/Group Name

☑ **Non-HealthONE Credentialed Provider**

Please Check One:

- ☐ Doctor
- ☐ Allied Health Professional LIC# _____
- ☐ Resident Grad Date: _____
- ☐ Intern Grad Date: _____
- ☑ Med Student End Date: _____
- ☐ Office Staff of Non-Credentialed Doctor
  - ☐ Clinical ☐ Non- Clinical

Providers/Group Name

Primary Facility (if applicable):

- ☐ North Suburban Medical Center
- ☑ Swedish Medical Center
- ☐ P/SL Medical Center
- ☐ Sky Ridge Medical Center
- ☐ Centennial Medical Plaza
- ☐ Rose Medical Center
- ☐ The Medical Center of Aurora
- ☐ Spalding Rehabilitation Hospital
- ☐ Swedish Southwest ER
- ☐ All

I understand the password for accessing the above designated application(s) is to be held in STRICT CONFIDENCE. I also understand willful disclosure of my password or any other user's password or misuse of any password will be considered grounds for termination of access and if applicable, company employment, privileges or engagement.

User Signature:	Date:	Physician Signature for Office Staff:
		Physician's Printed Name

FOR SECURITY COORDINATOR/DESIGNEE ONLY

LSC / Designee Signature	Date:	Meditech ID/Mnemonic:
LSC / Designee Signature	Date:	User 3/4 ID:
LSC / Designee Signature	Date:	Physician Relations Manager Signature

Revised: 02/14/11