

Franciscan Health System

St. Joseph Medical Center (HIM Department)
1717 South J Street, Tacoma, WA 98405

FRANCISCAN ACCESS REQUEST FORM

Access Coordinator – 253.426.4139

Complete this form for users who are not employed by Franciscan that will access Franciscan Electronic Health Records. Users may access systems via a web site link from outside Franciscan Health System facilities.

- Initial Access Request** - Signed and Witnessed Confidentiality Agreement are also required with initial request.
- Addendum to Initial Access Request** (additional access or changes in system access)

USER NAME / INFORMATION (Required INFORMATION BELOW, if not applicable please mark N/A)

Name / Professional Degree (First, Middle, Last, Degree) _____

Specialty / Job Title _____

(Check all that apply)

- Medical Provider** (MD, PA, ARNP, Etc.) – Complete highlighted section immediately below
- Office Staff** (Office staff of Medical Provider)
- Other User** – Detailed reason for access requirements _____

(Medical Providers only)	NPI # _____	Medicare UPIN # _____	
	WA State License # _____	Medicaid # _____	

Office Name _____ Office Manager Name _____

Office Address _____ City _____ State _____ Zip _____

Office Phone _____ User Email _____

Office Fax _____ User Cell Phone _____ User Pager _____

EXTERNAL SOFTWARE ACCESS (Check system access below)

Does your equipment currently meet the required specifications for each system? (See system specification sheet)

- YES** - Meets or exceeds the standards **Upgrades completed** **Unknown**

DI PACS - Diagnostic Imaging - Picture Archiving and Communication System

CV PACS - Cardiovascular - Picture Archiving and Communication System

ACIS - Advanced Clinical Information System (Cerner/PowerChart)

FCM - Franciscan Clinical Messaging (Elysium/Axolotl)

OrderNOW - Secure online orders to FHS for Outpatient Services

OTHER – Please list: _____

Logins will be issued to each individual user and may not be shared. Passwords are issued to each user and must be changed at least every 180 days. System access can and will be audited. The user whose login is identified during an audit will be held accountable for access violations. Per policy, the individual authorizing access will be held accountable for the user's actions.

- I understand my responsibilities as outlined in the "Access To Electronic Health Records" policy. I have also signed a "User and Confidentiality Agreement for Access to Franciscan Health System Electronic Health Records" and understand my responsibilities as outlined in that agreement.

User Signature: _____ Date: _____

Authorizing Provider: (Please print name) _____

Authorizing Provider Signature: _____

Internal Use Only: _____