

# Information Systems - Network and Applications Access ACCOUNT REQUEST FORM

<b>Section 1</b>	<b>Lawson ID #</b>
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<input type="checkbox"/> Employed Staff <input type="checkbox"/> Employed Physician Location: <input type="checkbox"/> FMC <input type="checkbox"/> VVMC <input type="checkbox"/> _____ Start Date:	<p><b>NOT EMPLOYED BY NAH</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Locum Physician</td> <td><input type="checkbox"/> Contractor / Vendor</td> <td>Employer's Name:</td> </tr> <tr> <td><input type="checkbox"/> Registry Personnel</td> <td><input type="checkbox"/> Temporary</td> <td>Practice Name:</td> </tr> <tr> <td><input type="checkbox"/> Traveler Personnel</td> <td><input type="checkbox"/> Med Student / Resident</td> <td>Start Date:</td> </tr> <tr> <td><input type="checkbox"/> Physician</td> <td><input type="checkbox"/> Nursing Student</td> <td>End Date:</td> </tr> <tr> <td><input type="checkbox"/> Physician's Office Staff</td> <td><input type="checkbox"/> Other:</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Volunteer</td> <td>Instructor Name:</td> <td></td> </tr> <tr> <td></td> <td>Instructor Phone #:</td> <td></td> </tr> </table>	<input type="checkbox"/> Locum Physician	<input type="checkbox"/> Contractor / Vendor	Employer's Name:	<input type="checkbox"/> Registry Personnel	<input type="checkbox"/> Temporary	Practice Name:	<input type="checkbox"/> Traveler Personnel	<input type="checkbox"/> Med Student / Resident	Start Date:	<input type="checkbox"/> Physician	<input type="checkbox"/> Nursing Student	End Date:	<input type="checkbox"/> Physician's Office Staff	<input type="checkbox"/> Other:		<input type="checkbox"/> Volunteer	Instructor Name:			Instructor Phone #:		
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<input type="checkbox"/> Volunteer	Instructor Name:																						
	Instructor Phone #:																						

<b>Section 2 - Individual Information</b>
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<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>Your Office Phone</b>	<b>Name of Supervisor / Director / Practice Manager</b>	<b>Supervisor's Contact #</b>
<b>Business Address</b>	<b>City</b>	<b>State/Zip</b>
<b>Your Position / Title</b>	<b>Your Business Email Address</b>	<b>Last 4 digits of your SSN if not a NAH employee</b>

<p><b>SECURITY QUESTION: Choose one</b></p> <table style="width: 100%;"> <tr> <td><input type="radio"/> Street lived on in 3<sup>rd</sup> grade?</td> <td><input type="radio"/> Your childhood nickname?</td> </tr> <tr> <td><input type="radio"/> College applied to but didn't attend?</td> <td><input type="radio"/> Make/model of 1<sup>st</sup> car?</td> </tr> <tr> <td><input type="radio"/> School attended in 6<sup>th</sup> grade?</td> <td></td> </tr> </table>	<input type="radio"/> Street lived on in 3 <sup>rd</sup> grade?	<input type="radio"/> Your childhood nickname?	<input type="radio"/> College applied to but didn't attend?	<input type="radio"/> Make/model of 1 <sup>st</sup> car?	<input type="radio"/> School attended in 6 <sup>th</sup> grade?		<p><b>ANSWER TO SECURITY QUESTION:</b></p>
<input type="radio"/> Street lived on in 3 <sup>rd</sup> grade?	<input type="radio"/> Your childhood nickname?						
<input type="radio"/> College applied to but didn't attend?	<input type="radio"/> Make/model of 1 <sup>st</sup> car?						
<input type="radio"/> School attended in 6 <sup>th</sup> grade?							

**Security Question & Answer are used when you call the Service Center to have your password reset.**

<b>Section 3 – Signature of Applicant/Remote Access Requestor</b>
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I agree to protect the confidentiality and security of the protected health information ("PHI") obtained from Northern Arizona Healthcare ("NAH"). I agree to comply with applicable laws in respect to the PHI of patients and with all existing and future NAH policies and procedures concerning the confidentiality, privacy, security, use and disclosure of PHI. I will also abide by the NAH Information Systems security policies and certify having read IT Security Policy 32. (HSP 32)

<b>Name (print)</b>	<b>Title</b>	<b>Date</b>

**Signature of Applicant/Remote Access User** By entering your name and initials, you electronically acknowledge reading and understanding the above document. Additionally, you pledge that all entries made by you are truthful and correct and that you agree that your typed signature will be the equivalent of your hand-written signature.