

Physicians & Physician Office Staff Security Access

COMPLETE TOP PORTION OF FORM—PLEASE PRINT

Please FAX back to: _____

Last Name	First Name	Middle Initial
Office Number	SSN	Date of Birth
Job Title		
Facility/Practice Name	Facility/Practice Address	
User Security Identification Questions		
City where you were born: _____		
Mother's Maiden Name: _____		

FOR PSC COMPLETION ONLY:

*****DO NOT WRITE BELOW THIS LINE*****

Universal ID	MEDITECH User ID	Domain HCA
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Access granted:

- ☐ Active Directory/NT
- ☐ SRA/VDI- Virtual Desktop (Remote Access)
- ☐ Meditech Access

Pin?

Password?

- ☐ PSTS Dictionary
- ☐ EDM
- ☐ OE
- ☐ PIN
- ☐ ER Trackers
- ☐ CPOE

- ☐ hCare Access
- ☐ HPF Access
- ☐ Cardiology System Access (Includes: TraceView, MUSE, AGFA)
- ☐ Fetal Monitoring Access (Includes: OB Link, Centricity)
- ☐ PACS Access
- ☐ PLC (Physician Learning Center)

Facility PSC Signature: _____ Date: _____