

PINNACLE HEALTH SYSTEM
INFORMATION SERVICES DEPARTMENT
SECURITY REQUEST FORM

Add
Change
Delete

Computer Access – Clinical Physician Office Student

Requestor Information: *(this section must be completed for all requests – please type)*

First Name: _____ MI: _____ Last Name: _____ Title: _____

School: _____ Type Student/Program: _____

Student ID # (last 4 digits): _____ Cost Center: **0830**

Dept. Mgr.: **T. Boyd** Instructor: _____ Instructor Phone: _____
Student Placement

Pinnacle Health Practice Office _____

Need by: _____ **Miscellaneous information:** _____

Are you currently a Pinnacle employee with a log-in? Yes No
If yes, will this be a second log-in? Yes No

Office Use

- Network
 - Rights to PHMG AllScript Users – If AllScripts is requested below
 - Rights to PHCVI Medent Users – If Allscripts is requested below
- Outlook
- Soarian Financials - POMB SRF MS Office Staff
- Soarian Scheduling Note Department: _____
- Soarian Clinicals – Office Staff
- Soarian HIM – Super Registration Role
- Next Gen/EMR – PHMG/PHMS Clinical Staff
- Allscripts – Heritage Clinical Staff
- Medent – PHCVI Clinical Staff
- 3M – Social Services
- Other _____

Revised 8/11/14
Revised 10/22/14
Revised 6/24/15

Complete and email to tboyd@pinnaclehealth.org

Complete and email to tboyd@pinnaclehealth.org