



# Computer Password Form - For Non-EH Users

Healthcare Technology and Data Management

Please Print Clearly / (\*= Required Field)

<b>*Last Name</b>	<b>*First Name</b>	<b>*Initial(s)</b>
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<b>*Job Title or Student Type</b>	<b>*Employer or School Role within Eastern Health (EH)</b>
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<b>*EH Site(s)/Office Location</b>	<b>*EH Department(s)/Division</b>	<b>*EH Computer or Device</b>
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Keep Current Password:  Yes  No      **\*Effective Date:** \_\_\_\_\_ DD/MON/YYYY

**\*Work Telephone EXT** \_\_\_\_\_ **Username:** \_\_\_\_\_ **\*Ending Date:** \_\_\_\_\_ DD/MONTH/YYYY

<b>Work or School Email</b>	<b>Personal Email</b>
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**Professional Credentials** (ex: MD, NP, Allied Health Professional, etc.) \_\_\_\_\_

Include credentials on electronic documentation  Yes  No

### Agreement

I recognize accepting a password gives me authorized access to confidential electronic information. I understand I am responsible for this information and the following constitutes as a breach of security for which I will be held responsible.

- Disclosure of my password
- Use of another user's password to access systems or information
- Abuse of authorized access according to the policies and procedures of Eastern Health
- Failure to log off when leaving a terminal or computer

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Authorized Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

### Meditech and Application Access (tick all that apply) Live System Test System

Eastern Health Integrated Systems	Meditech <span style="margin-left: 20px;">Local <input type="checkbox"/></span> <span style="margin-left: 20px;">Global <input type="checkbox"/></span>	Other Applications
<input type="checkbox"/> Domain/PC Password <input type="checkbox"/> Outlook /Webmail <input type="checkbox"/> Outlook Public Folders (list) _____ _____ <input type="checkbox"/> Shared Folders (please provide path IE. \\eh-dept1\share1) _____ _____ <input type="checkbox"/> Cognos <input type="checkbox"/> HRIS <input type="checkbox"/> Intellicred <input type="checkbox"/> Remote Access - Personal Device <input type="checkbox"/> Apple OSX <input type="checkbox"/> Windows <input type="checkbox"/> Pyxis (please provide area) _____ <input type="checkbox"/> MyCcath <input type="checkbox"/> Entry Point <input type="checkbox"/> Med Rec <input type="checkbox"/> Xcelera	<input type="checkbox"/> ABS (Abstracting) <input type="checkbox"/> ADM (Admissions) <input type="checkbox"/> AP (Accounts) # _____ # _____ <input type="checkbox"/> BAR <input type="checkbox"/> ESS <input type="checkbox"/> CDS <input type="checkbox"/> Clinical Dictionaries Specify: _____ <input type="checkbox"/> E-Sign <input type="checkbox"/> GL (Gen. Ledger) # _____ # _____ <input type="checkbox"/> ITS <input type="checkbox"/> LAB <input type="checkbox"/> MOX/Email <input type="checkbox"/> MM (Materials) # _____ # _____ <input type="checkbox"/> MRI (Medical Records)	<input type="checkbox"/> MSM/Dietary <input type="checkbox"/> NMI <input type="checkbox"/> NUR <input type="checkbox"/> NUR Staffing/SCH <input type="checkbox"/> OE (Order Entry) <input type="checkbox"/> PCI PCI Printer Name _____ <input type="checkbox"/> PHA (Pharmacy) <input type="checkbox"/> SCH (Scheduling) <input type="checkbox"/> Spooling DR- _____ DR- _____ <input type="checkbox"/> PP (Payroll) # _____ # _____ # _____ <input type="checkbox"/> Long-Term Care/ Client Server <input type="checkbox"/> 3M <input type="checkbox"/> PACS <input type="checkbox"/> Aria Hematology <input type="checkbox"/> Aria RO <input type="checkbox"/> Exalis <input type="checkbox"/> Aria MO <input type="checkbox"/> Aria Hematology <input type="checkbox"/> NLCHI Telepathology <input type="checkbox"/> CPA/Synoptic Reporting <input type="checkbox"/> Point of Care (specify) _____ <input type="checkbox"/> OR Manager <input type="checkbox"/> Surgeon <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Other: _____ <input type="checkbox"/> RASMAS <input type="checkbox"/> Cervical Screening Registry <input type="checkbox"/> CSRS (Management/Team Leads) <input type="checkbox"/> OPIS <input type="checkbox"/> OPIS 2000 <input type="checkbox"/> OMT00L (Medscan) <input type="checkbox"/> Waitlist Access (provide type) _____ <b>Providers Only</b> <b>Admitting Privileges:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Provider No:</b> _____



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<b>Access Details and Notes</b>			
Same as User (Applies to Meditech Only)			
List Exact Detail or Explain Access Required: (module, access locations, payroll depts., spool groups, dictionary specifications or other...)			
Trainer Signature:		Other Authorized Signature:	
Notes:			

**\*Attention:**

- Financial departments will require authorization from the appropriate financial department or the manager whose name is associated with the department number.
- Some accesses may require training or other authorizations.
- Incomplete forms will be returned to user or manager for completion.

If you require assistance please contact:  
Telephone 1-709-777-1950

Email: [service.desk@easternhealthca](mailto:service.desk@easternhealthca)