



The UNIVERSITY HOSPITAL

University of Medicine & Dentistry of New Jersey

NEWARK, NEW JERSEY

REQUEST FOR ACCESS TO ELECTRONIC MEDICAL RECORD

REQUESTOR INFORMATION		
Requestor:	Date:	
Department:	Office Phone:	Beeper:
Employed by: <input type="checkbox"/> UH <input type="checkbox"/> NJMS <input type="checkbox"/> NJDS <input type="checkbox"/> DCMC (UPA) <input type="checkbox"/> Other - Specify: _____		
Office Address	email:	

SYSTEM INFORMATION		
UMDNJ Status	System Requested	Function
<input type="checkbox"/> Student (circle one): NJMS NJDS <input type="checkbox"/> Other Specify: _____	Epic <input type="checkbox"/>	
<input type="checkbox"/> Researcher (circle one) NJMS NJDS <input type="checkbox"/> Other Specify: _____	Sovera <input type="checkbox"/>	
IRB Study #	PACS <input type="checkbox"/>	
<input type="checkbox"/> Volunteer	Logician <input type="checkbox"/>	
<input type="checkbox"/> Physician	Other <input type="checkbox"/>	
<input type="checkbox"/> Office Staff <input type="checkbox"/> Reports to:	Specify: _____	
<input type="checkbox"/> Other Explain:		
Reason for Access:		
Duration of Access	From:	To:

I have completed UMDNJ approved HIPAA and Compliance training as required to qualify for EHR access. I have read the confidentiality and security policy and understand that I may have my access to the EHR terminated and may have my employment at UMDNJ terminated if I violate this policy.

Requestor Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Department Chief Of Service Signature: _____ Date: _____

Department Chief Of Service (Printed) _____

AUTHORIZATION/APPROVALS (FOR MEDICAL INFORMATICS COMMITTEE ONLY)	
Medical Informatics Chair Signature	Date

Forward **signed and dated** form to Medical Informatics Committee
 c/o Anne Egan, UH F244a, Newark, Phone: (973) 972-1800 Fax: (973) 972-1801
 Upon Medical Informatics Committee approval, access is provided by HS&T.