

HEART IS

USER ACCESS REQUEST FORM

New User: Reactivate User: Deactivate User: Update User:

User Information:	
Name:	Job Title or Role:
Employee #:	Network User ID:
Email:	Phone:
<p>I confirm that I have received Health Authority privacy and security awareness training, and that the job functions selected below accurately reflect the scope of my day-to-day work requiring HEARTis access.</p> <p>User Signature: _____ Date: _____</p>	
<p>Note: A signed HEARTis confidentiality agreement must be attached to this request. Incomplete forms will not be approved. You will be notified via email when your access has been set-up.</p>	
Requested System Access for User:	
Primary Hospital/Site SPH <input type="checkbox"/> VGH <input type="checkbox"/> RJH <input type="checkbox"/> RCH <input type="checkbox"/> KGH <input type="checkbox"/> Other (Please Specify)	
Service Area: Surgery <input type="checkbox"/> Cath Lab <input type="checkbox"/> Cardiology <input type="checkbox"/> Administration <input type="checkbox"/> Heart Rhythm Devices <input type="checkbox"/> THV <input type="checkbox"/> Other (Please Specify)	
<p>If you selected Surgery, Cath Lab, HR Devices, THV or Cardiology, please complete the following:</p> <p><i>In my day-to-day work, I am required to do the following in HEARTis as part of my role:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Manage/update patient demographics <input type="checkbox"/> Manage referrals and waitlist for cath lab procedures <input type="checkbox"/> Manage referrals and waitlist for surgery <input type="checkbox"/> Manage referrals and waitlist for Heart Rhythm Devices <input type="checkbox"/> Manage referrals and waitlist for THV procedures <input type="checkbox"/> Clinical data entry for cath lab procedures <input type="checkbox"/> Clinical data entry for surgery <input type="checkbox"/> Clinical data entry for surgery post-op/discharge <input type="checkbox"/> Clinical data entry for Heart Rhythm Devices <input type="checkbox"/> Clinical data entry for THV procedures <input type="checkbox"/> Completion of CARAT diagram <input type="checkbox"/> View and print clinical reports 	

If you selected Administration, please complete the following:

In my day to day work, I am required to do the following in HEARTis as part of my role:

- Manage/update patient demographics
- Manage site lists (i.e. staff, devices, etc.)
- CSBC only – Manage end-user accounts (Creation of a new accounts; Updates to user accounts and privileges; Deactivation of user accounts; Password resets)
- Validate and update clinical data for cath lab procedures
- Validate and update clinical data for surgery referrals/procedures
- Validate and update clinical data for HR Devices referrals/procedures
- Validate and update clinical data for THV referrals/procedures
- CSBC only – Conduct Privacy and Security Auditing
- View and print clinical reports
- Provide application support to end-users

Manager or Department Lead Approval - The Authorizing Manager is the individual most responsible for the functional duties of the User.

I confirm that:

- The information provided is correct.
- The User is an employee of or a contracted resource to the Health Authority.
- The User has received Health Authority privacy and security awareness training.
- The request is consistent with similar requests from the User’s work function and is required for the User’s position.
- Cardiac Services BC will review this user’s access from time-to-time. You may be contacted to review and re-approve this user’s access.
- All inactive accounts of 5 or more months will be closed and the user will be notified that it has been closed.

Authorizing Manager Name: _____ Email: _____

Signature: _____ Employee #: _____ Date: _____

HEARTis Site Administrator Approval - This form must be completely filled out, signed and submitted to CSBC. It may be faxed or scanned and emailed to the HEARTis Help Desk.

I confirm that:

- The Manager is an employee of or a contracted resource to the Health Authority.
- A signed HEARTis confidentiality agreement has been received and filed with this request.

Site Administrator Name: _____ Email: _____

Signature: _____ Employee #: _____ Date: _____