UNIVERSITY OF MARYLAND MEDICAL SYSTEM

Information Services and Technology

Account Request Form

REQUESTOR INFORMATION (PLEASE PRINT/TYPE!) ** DENOTES REQUIRED FIELD ☐Add ☐Edit ☐Reactivate ☐Inactivate

**Last Name	**Telephone	**I work for (check one)
**First Name	Email	☐UMMS Clinical
Middle Initial	**Contractor? ☐Yes End Date:	☐UMMS Information Technology
**SSN (last 4 digits)	Student? ☐Yes End Date:	☐UPI
Dept/Unit	Intern? ☐Yes End Date:	☐University of Maryland
**Title/Position RN, NP student		☐USH
Degree		☐Kernan
Physician ID		☐Agency/Traveler
(Required for Physicians)		☐Other/Non-Employee
		(specify)

EPIC APPLICATIONS				CERNER APPLICATIONS		OTHER APPLICATIONS	
**Access Request	Required Training Completed?	**Access Request	Required Training Completed?	**Access Request	Required Training Completed?	**Access Request	Required Training Completed?
☐Ambulatory	☐ YES	☐Bridges	☐ YES	☒PowerChart	☐ YES	☐ SurgiNet	☐ YES
☐Prelude	☐ YES			☒FirstNet	☐ YES	☐AP	NA
☐Cadence	☐ YES			☐ PharmNet	NA	☐Blood Bank	NA
☐Radiant	☐ YES			☐ PathNet	NA	☐ProSolv	NA

If this form does not include all required fields, this request will not be processed

University of Maryland Medical System
Confidentiality of Information Statement

By signing this request, I acknowledge any access granted to the requested information system is to assist me in the performance of my professional responsibilities. I also acknowledge that this statement supplements and complements the University Providers Confidentiality of Information Statement. I understand that all data in UMMS information systems is confidential and shall be handled accordingly. Protected Health Information (PHI) of patients will be shared only for the purpose of providing care and fulfilling my duties. I understand that UMMS reserves the right to actively monitor all use of the information systems. I understand that use of any information system for personal reasons or in violation of UMMS' confidentiality or acceptable use policies could serve as grounds for disciplinary action.

I have read the above statement and acknowledge that computer ID and password will serve as my signature and that I will not share them with anyone.

		Cyndy Ronald	
** Requestor's Signature	**Date	**Requestor's Manager's Typed/Printed Name	**Date
Cyndy L. Ronald		410-328-1251	cronald@umm.edu
*Manager's Signature (required for Non-physicians)	**Date	**Manager's Phone	Manager's Email

Please print and fax completed form to (410) 328-5499.

INTERNAL USE ONLY:

Ticket #		Date of Access	Trainer Verifying Score
Profile Status	☐New ☐Copy	Profile Copied	
Environment	☐Production ☐Release ☐ Training ☐TST ☐POC ☐MST ☐SUP ☐Prep ☐Playground ☐ Other		
Access Level	☐Hyperspace Access ☐Text Access ☐Programmer Access ☐UNIX ☐ Other		
Database	☐ Physician ☐ RN ☐Ancillary ☐Pharmacy ☐USH ☐AP ☐ Blood Bank		
Training	☐Drop-in ☐On-line ☐Classroom ☐One-on-one		