

Request for Additional iNYP/ WebCIS Privileges

Instructions to the Requestor:

If the initial access provided is not sufficient for the employee to fulfill their responsibilities then this form should be completed, signed and submitted. iNYP / WebCIS access must be requested using E-SAF. Basic access and privileges are provided based solely on the official HR title of the employee.

Only **directors** (asst/assoc.), **chairs of clinical departments**, and **physicians** (for office employees) can request additional clinical privileges for the employees they manage. Basic access is determined by an employee's official title, department, and workplace. Note that the request for additional privileges by itself does not guarantee access.

Completed form should be printed, signed with an appropriate signature and then scanned and sent as an email attachment to either whitegw@nyp.org or servicedesk@nyp.org. For additional information on submitting this form contact the service desk at 212-746-4357.

To: Information Services, NYP Hospital

By this letter I wish to request additional privileges to access clinical Information in the iNYP / WebCIS application for the individual identified below. This individual must have additional privileges to clinical data to carry out the office's clinical functions. I declare that additional privileges for this individual are being requested after careful and deliberate analysis of the individual's job functions and will promptly inform the Information Services department when job functions are changed for the individual.

Information about the individual who needs additional access (please type or print).

Firstname: _____ Middle: _____

Lastname: _____ Suffix: _____

CWID : _____ Employee ID (if available): _____

Employer: NYP Columbia Cornell Other _____

Title: _____

Work Location: _____ Work Phone: _____

Role: Select one of the following:

Minimal admin. function. Access to demographics, insurance, visits.

- Med func I.** Read all clinical data, no updates, no sensitive data (HIV), no Amicas; All pts. **except employees/VIP.**
- Med func II.** Read all clinical data, no updates, no sensitive data (HIV); All pts. **including employee/VIP.**

OR (select relevant categories below)

<u>CLINICAL (Read)</u>						
<input type="checkbox"/> Lab	<input type="checkbox"/> Rad	<input type="checkbox"/> Path	<input type="checkbox"/> Disch Sum	<input type="checkbox"/> Op Reports	<input type="checkbox"/> Consult	<input type="checkbox"/> Clin Sum
<input type="checkbox"/> DOP	<input type="checkbox"/> Neuroph	<input type="checkbox"/> Ob/Gyn	<input type="checkbox"/> HEENT	<input type="checkbox"/> GI Endo	<input type="checkbox"/> Card	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> PFT	<input type="checkbox"/> Alerts	<input type="checkbox"/> Signout	<input type="checkbox"/> Notes	<input type="checkbox"/> Diagnoses	<input type="checkbox"/> Providers	<input type="checkbox"/> Fall Risk/Safe
<u>CLINICAL (Write)</u>						
<input type="checkbox"/> Signout	<input type="checkbox"/> Notes	<input type="checkbox"/> Fall Risk	<input type="checkbox"/> Fall Safe	<input type="checkbox"/> Forms (specify) _____		
<u>ADMIN</u>						
<input type="checkbox"/> Demographic	<input type="checkbox"/> Insurance	<input type="checkbox"/> Visits	<input type="checkbox"/> Admin sum			
<u>RESEARCH</u>						
<input type="checkbox"/> Warehouse						
<u>OTHER</u>						
<input type="checkbox"/> Employee/VIP data	<input type="checkbox"/> Amicas (needs Employee/VIP data access)			<input type="checkbox"/> Sensitive data (HIV) (has special requirements)		

Information about the requestor (please type or print).

Firstname: _____ Middle: _____
 Lastname: _____ Title: _____
 CWID: _____ Department: _____
 Work Location: _____ Work Phone: _____ Pager: _____
 Affiliation (select one): Columbia Cornell NYP Serv Corp Other _____
Requestor Signature*: _____ **Date:** _____

**an inappropriate signature will cause request not to be processed and a new form will need to be submitted.*