

**** This form is to be completed by the affiliated Tufts Medical Center manager ****

NOTES: Please download and edit this form. Do NOT edit this form within a web browser. Be sure you are using the latest version of Adobe Reader in order to take advantage of all the PDF automated features. Contact the Tufts MC Help Desk for assistance with upgrading. (Email: helpdesktuftsmc@tuftsmedicalcenter.org, Phone: 617 636-6485, Web: Chat)

1. **IMPORTANT:** Please submit this SAR form with complete and accurate information otherwise processing will be delayed.
2. You will be notified during field entries and upon submittal if any field information is missing or incorrectly formatted.
3. Some applications require simulation of a current application user to implement the correct permissions. These applications will be highlighted below. If any one of these applications are selected, a current user needs to be identified for simulation under the "Copy User Application Access Permissions" section.

NOTE: Unless the new user is a manager the simulated user should NOT be a manager. The "Manager's Name" and "Manager's Email Address" fields must be filled in. The manager's email address should be a valid Tufts Medical Center email address.

4. After completing the SAR form, validate it by clicking of the [Validate Form] button. If the form is validated successfully, the Manager's E-Signature field will become enabled.

NOTE: The SAR form cannot be signed until it is successfully validated.

5. Electronically sign the form. A copy of the form will be created for you to submit. Click on the [Submit] button to email the form. Outlook will automatically create a new email containing user information and the attached SAR form.

NOTE: Information about electronic signatures can be found at: <https://helpx.adobe.com/acrobat/using/digital-ids.html>

6. Click the Outlook [SEND] button. This will send the SAR form to the Tufts Medical Center User Security team.

7. **FOR NON-EMPLOYEES ONLY:** Email the Tufts Medical Center Confidentiality Agreement form to the user. Have them complete the form, selecting a security question and answer. They should then validate, electronically sign and submit the form using the [Submit] button. Instructions will be provided on the form.

NOTE: The Tufts Medical Center Confidentiality Agreement can be download from the following location:

<https://intra.tuftsmeva.org/Interact/Pages/Content/Document.aspx?id=3330&SearchId=60641>

NOTE: This SAR form will not be processed until the completed and digitally signed Confidentiality Agreement is received by Tufts Medical Center User Security.

8. Once the Confidentiality Agreement is received by Tufts Medical Center User Security team and the SAR form is processed, the manager will receive an email acknowledgement of completion.

Legend:

* = Required Fields

● = Applications that require a simulated user

System Access Request Form - (All Users)

Request Type *	Start Date *	End Date	* = Required Fields
First Name (legal name required) *	Last Name *	Middle Initial	
Job Title *	Department *		
Office Phone *	Extension	Mobile Phone	Pager ID
Affiliate / Vendor *	Affiliate Category *	SMS Number	

<ul style="list-style-type: none"> <input type="checkbox"/> Allscripts Care Mngt. <input type="checkbox"/> Apollo <input type="checkbox"/> AS-OBGYN <input type="checkbox"/> Axiom (Budget Advisor) <input type="checkbox"/> Compumedics Sleeplab <input type="checkbox"/> Code Correct <input type="checkbox"/> CoPath <input type="checkbox"/> Crimson Med Referrals <input checked="" type="checkbox"/> Davincian <input checked="" type="checkbox"/> EasyID <input checked="" type="checkbox"/> eCW <input type="checkbox"/> Email <input type="checkbox"/> Emdeon <input type="checkbox"/> ePremis <input type="checkbox"/> eScription <input type="checkbox"/> Glucostabilizer <input type="checkbox"/> HRS Denials <input type="checkbox"/> IDX <input type="checkbox"/> Impress <input type="checkbox"/> Inquicker <input type="checkbox"/> ISCV <input checked="" type="checkbox"/> LLSA/ASTA <input type="checkbox"/> Logician <input checked="" type="checkbox"/> MHC Document Express <input type="checkbox"/> Medhost <input type="checkbox"/> Metriq <input type="checkbox"/> Nehen <input type="checkbox"/> NicVue <input type="checkbox"/> NeoData <input type="checkbox"/> Nurse Call <input checked="" type="checkbox"/> Omnicell <input type="checkbox"/> OB Tracevue <input type="checkbox"/> Paceart <input checked="" type="checkbox"/> Patient Keeper <input checked="" type="checkbox"/> PICIS <input checked="" type="checkbox"/> ProvationMD <input checked="" type="checkbox"/> RCO/Invision <input type="checkbox"/> Safebaby <input type="checkbox"/> SMARTworks-Forms <input type="checkbox"/> STARS <input checked="" type="checkbox"/> SoftLab/SoftID <input type="checkbox"/> TeleResults <input type="checkbox"/> TMS Workgroup <input type="checkbox"/> TraceMaster <input type="checkbox"/> XLTek 	<p>NEQCA</p> <ul style="list-style-type: none"> <input type="checkbox"/> Corporate Employee <input type="checkbox"/> Affiliated Physician <p><input checked="" type="checkbox"/> MOSAIQ</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mosaiq Rad Onc <input type="checkbox"/> Mosaiq Med Onc <input type="checkbox"/> Mosaiq GYN Onc <input type="checkbox"/> Mosaiq Stoneham <p>Softmed</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> ESA (Physician) <input type="checkbox"/> Chartscrip (Secy) <input type="checkbox"/> Clintrac (Coder) <p>Huron</p> <ul style="list-style-type: none"> <input type="checkbox"/> TRAC (STAT/QUIC) <input type="checkbox"/> ONTRAC <input type="checkbox"/> Patient ONTRAC <p>T2</p> <ul style="list-style-type: none"> <input type="checkbox"/> Production <input type="checkbox"/> Test <p>Merge</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hemo (select below) <input type="checkbox"/> Adult <input type="checkbox"/> Pedi <input type="checkbox"/> TEE <input type="checkbox"/> Cardio <input type="checkbox"/> PedCath 	<p>Carestream RIS/PACs (RIS User Select Any)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Coder <input type="checkbox"/> Reception <input type="checkbox"/> Pre-Registration <input type="checkbox"/> Film Manager <input type="checkbox"/> Technologist <input type="checkbox"/> Radiology Fellow <input type="checkbox"/> Radiology Resident <input type="checkbox"/> Cardiology Fellow <input type="checkbox"/> Children <p>Radiologist</p> <ul style="list-style-type: none"> <input type="checkbox"/> Radiologist <input type="checkbox"/> System Admin <input type="checkbox"/> Administration <p>PACs User</p> <p>Other Clinicians (URL to PACs)</p> <ul style="list-style-type: none"> <input type="checkbox"/> No Ris (Ris User) <input type="checkbox"/> Clinician (PACs User) <p>Soarian</p> <p>Medication Admin Check</p> <p>Rapid View</p>	<p style="text-align: right;">* = Required Fields</p> <p>Additional Access</p> <ul style="list-style-type: none"> <input type="checkbox"/> VPN Access <input type="checkbox"/> Airwatch <input type="checkbox"/> Box <p>Departmental Shared Drive Access</p> <p>EX1: \\tuftsmc\Department\<DeptFolderName> EX2: \\nefile06\<DeptFolderName></p> <ul style="list-style-type: none"> <input type="checkbox"/> Shared Drives (specify each drive below) <p>Copy User Application/Share Access Permissions</p> <p>NOTE: Do not provide managerial application/share access for non-managers.</p> <p>User Information (Name, AD Account)</p> <p>Help Desk Security Phrase</p> <p>NOTE: This phrase should be greater than 10 characters and be retrieved from the employee. It will be used when requesting assistance from the Tufts MC Help Desk via phone or chat. If it is not submitted via this form, Help Desk requests by the employee may be delayed and could require managerial involvement.</p> <p>Security Phrase</p>
Special Instructions (600 Chars Max)			

Manager's Full Name *	Manager's Email *	Date *
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Manager's E-Signature * Requires form validation before the E-Signing field is enabled

Reserved for Tufts MC User Security Admin E-Signature

Issues with validation, signing and/or submitting?

Please print, sign and scan this document, then send it via email to...

Tufts MC User Security Admin @ (tuftsmcsecurityadmin@tuftsmedicalcenter.org)