

## **AUTHORIZATION ACCESS**

APPROVED BY

DATE SIGNED:

KATHLEEN REYES, MHM, DBA

**Chief Operating Officer** 

MEDICAL INSTRUMENTS		1 Oltivi
ACCESS TO SENSITIVE INFORMATION		ADMINISTRATIVE DEPARTMENT
ACCESS TO SENSITIVE INFORMATION  CLIENT DATA FINANCIAL RECORDS EMPL	OYEE RECORDS SYSTEM CONFIGURATION SETTIN	NGS SYSTEM ACCESS AND SECURITY INFORMATION
SPECIFIC SYSTEMS OR APPLICATIONS:		_
EMPLOYEE NAME	DATE NEEDED	
DEPARTMENT	POSITION	
REASON FOR ACCESS REQUEST		
ACCESS REQUEST DETAILS  VIEW ONLY DEDIT/MODIFY FULL CONTROL	DURATION OF ACTIVATION TEMPORARY	CCESS:  PERMANENT START DATE: END DATE:
Acknowledgment by Requestor:		
I am acknowledge and accept the responsibilities		
that unauthorized access or misuse of this inform	nation may result in disciplinary action and/o	or legal consequences.
		TO BE FILLED BY AUTHORIZED EMPLOYEE
		ESS ACTIVATION:
Employee's Signature (Signature over Printed Name)	DATE SIGNED:  ACCESS TERM NOTES:	INATION DATE (IF APPLICABLE):
PREPARED BY	ENDORSED BY	APPROVED BY
Employee's Signature	Immediate Superior	KATHLEEN REYES, MHM, DBA Chief Operating Officer
(Signature over Printed Name)	(Signature over Printed Name)  DATE SIGNED:	DATE SIGNED:
BMI-FORM-ADM-007		
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Biosite	A	UTHORIZATION ACCESS
MEDICAL INSTRUMENTS		FORM
		ADMINISTRATIVE DEPARTMENT
ACCESS TO SENSITIVE INFORMATION  CLIENT DATA FINANCIAL RECORDS EMPL	OYEE RECORDS SYSTEM CONFIGURATION SETTIN	NGS SYSTEM ACCESS AND SECURITY INFORMATION
SPECIFIC SYSTEMS OR APPLICATIONS:		
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DEPARTMENT	POSITION	
REASON FOR ACCESS REQUEST	'	
ACCESS REQUEST DETAILS	DURATION OF AG	CCESS:
VIEW ONLY EDIT/MODIFY FULL CONTROL	DEACTIVATION TEMPORARY	PERMANENT START DATE: END DATE:
Acknowledgment by Requestor:		information or described above trindenstand
I am acknowledge and accept the responsibilities that unauthorized access or misuse of this information of the contract of the		
	ACCESS GRAN	TO BE FILLED BY AUTHORIZED EMPLOYEE  ITED BY:
Employee's Signature	ACCESS TERM	ESS ACTIVATION:INATION DATE (IF APPLICABLE):
(Signature over Printed Name)	DATE SIGNED: NOTES:	

BMI-FORM-ADM-007

PREPARED BY

Employee's Signature (Signature over Printed Name)

Employee's Signature (Signature over Printed Name)

ENDORSED BY

DATE SIGNED:

**Immediate Superior**