

ACCESS TO SENSITIVE INFORMATION

☐ CLIENT DATA ☐ FINANCIAL RECORDS ☐ EMPLOYEE RECORDS ☐ SYSTEM CONFIGURATION SETTINGS ☐ SYSTEM ACCESS AND SECURITY INFORMATION

SPECIFIC SYSTEMS OR APPLICATIONS: _____

EMPLOYEE NAME		DATE NEEDED	
DEPARTMENT		POSITION	
REASON FOR ACCESS REQUEST			
ACCESS REQUEST DETAILS <input type="checkbox"/> VIEW ONLY <input type="checkbox"/> EDIT/MODIFY <input type="checkbox"/> FULL CONTROL <input type="checkbox"/> DEACTIVATION		DURATION OF ACCESS: <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT START DATE: _____ END DATE: _____	
Acknowledgment by Requestor: I am acknowledge and accept the responsibilities associated with accessing the systems and information as described above. I understand that unauthorized access or misuse of this information may result in disciplinary action and/or legal consequences.			
Employee's Signature (Signature over Printed Name)		DATE SIGNED:	
		<div>TO BE FILLED BY AUTHORIZED EMPLOYEE</div> <div>ACCESS GRANTED BY: _____ DATE OF ACCESS ACTIVATION: _____ ACCESS TERMINATION DATE (IF APPLICABLE): _____ NOTES: _____</div>	
PREPARED BY	ENDORSED BY	APPROVED BY	
Employee's Signature (Signature over Printed Name)	Immediate Superior (Signature over Printed Name)	KATHLEEN REYES, MHM, DBA Chief Operating Officer	
	DATE SIGNED:	DATE SIGNED:	

BMI-FORM-ADM-007

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