

Good Samaritan Hospital  
Meditech Access Request

Form Date: 12/1/10



Please complete all fields below. They are required before access can be granted.

**FAX: 1 877 664-0502** (Far West Division)

**Type of Request**

☐ New User   ☐ Change Access   ☐ Facility Transfer   ☐ Change Dept.   ☐ Name Change  
OLD Name: \_\_\_\_\_

For Rehire, please provide previous User ID: \_\_\_\_\_

Contracts/Registry/Traveler/Students: Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Agency/School Name: \_\_\_\_\_

Users access should be like: (Indicate Name or User ID)

Indicate Application (Module) and Routine, Report, or Menu needed:

User Legal Name: Last, First M.I.			
User Dept or School Name		User Facility	Dept Phone#
		Good Samaritan	
User Job Title	Dept Number	Dept Manager	

IT&S ONLY: (Unless User knows  $\frac{3}{4}$  ID)

User $\frac{3}{4}$ ID	Mnemonic (IT&S Assigned)	Optivox (Yes/No)	TeleTracking Access (Yes / No)

***APPROVALS:***

\_\_\_\_\_  
*Dept. Director, Manager or Direct Supervisor - PRINT*

\_\_\_\_\_  
*Dept. Director, Manager or Direct Supervisor - SIGNATURE*  
(ORIGINAL SIGNATURE REQUIRED)

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Site Security Coordinator / Security Assistant Coordinator*

\_\_\_\_\_  
*Date*