# Computer Access Request/Delete Form

**Loma Linda University Related Facilities**

## NAME OF EMPLOYEE/STAFF (Please Print)

- Add Sign-On(s)  
- Disable All Sign-On(s)
- User Name Change (Marriage, legal name change) (Previous Name)

### MSA Use Only) Facilities:

Email Group:  

- Faculty
- BMC
- Community

Faxed Date: _____________________  Degree: ________________

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### Confidentiality Warranty

I understand and agree that I am being issued an electronic security code password. I hereby accept full responsibility of the use of this password and agree to adhere to, in accordance with, but not limited to, the requirements of LLUMC Policy A-34, “Computer Systems Security.” In addition, I understand and agree to adhere to, in accordance with, but not limited to, the requirement of LLUMC Policy A-43, “Use of Computer Internet Services.” Furthermore, I agree that I will not share this password with any other individual, nor will I use any other individual’s password. In addition, I understand and agree that I assume full responsibility for all transactions and information available through the use of this password. I also agree to immediately notify the IS Help Desk at ext. 48889 if I learn that any other person obtained information which may provide them the opportunity to use my password. Furthermore, in accordance with, but not limited to, the requirements of LLUMC Policies A-10, “Classification and Protection of Information” and I-25 “Personnel Records”, I understand and agree that I will have access to information pertaining to patients, employees and business data which is the property of LLUMC. I also agree to be responsible for maintaining the confidentiality of such information.

In addition to the above, for systems listed (denoted by an asterisk *) that allow for an electronic signature, I understand that the use of this password represents my electronic legal signature so that the use of this code is the same as my written signature. Finally, I understand and agree that any breach of confidentiality as stated herein and/or in accordance with LLUMC Policy or applicable law shall be grounds for disciplinary action, which may include immediate termination.

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### Access for VPN ONLY

<table>
<thead>
<tr>
<th>For VPN ONLY</th>
<th>Cost Center:</th>
<th>Service Chief Initials:</th>
</tr>
</thead>
</table>

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### CHAIS/CICS

- [ ] DHIS
- [ ] SUPERSSESSION
- [ ] TRAC
- [ ] TRAK

You must provide the name of an employee who has the same access

### TSO

- [ ] T&A (TSO required)
- [ ] LLUCIS*
- [ ] FirstNet* (EM Med Only)
- [ ] Outlook
- [ ] Premise/BMD
- [ ] EAS
- [ ] Acustaf
- [ ] Webspaces/Impax
- [ ] Restamed
- [ ] Home Drive
- [ ] DTS
- [ ] Shared Drive (provide folder name):  

### Non-CHAIS/CICS

- [ ] Web Insurance
- [ ] Passport
- [ ] IE TRAC
- [ ] Optime
- [ ] Charms/Cascade
- [ ] Quadriz* (Radiology Only)
- [ ] MIDAS+
- [ ] Computation
- [ ] DataEase/Transplant DB
- [ ] Mestamed
- [ ] Decision Support Reports
- [ ] Dial-in and/or VPN Access
- [ ] PeopleSoft
- [ ] HCMS
- [ ] PMM
- [ ] ClinDoc
- [ ] No Internet Access
- [ ] TOROL/Quest Diagnostics
- [ ] ProgNotes (Peds & FM Only)
- [ ] CDL Apps (Cardiology Only)
- [ ] T&A Apps
- [ ] No Internet Access
- [ ] CDL Apps (Cardiology Only)

### Other

- [ ] MedQuest (UHC Only)

### For Physicians/AHP Only

- [ ] Allied Health/Student/Nurse Practitioner/Phys Asst/Psych

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### HPF* – LLUMC ONLY

- [ ] HPF* – LLUMC ONLY

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### AUTHORIZED BY:

- **Signature:** __________________________  Date: __________/_________/__________

- **(Print name):** __________________________

- **(Authorization from Medical Staff Administration Only):** All other signatures will cause a delay.

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### SEND FAX TO INFORMATION SECURITY SERVICES X-80120

- **Office use only:** USER ID  ANALYST INIT  DATE / / __________