# YSM Imaging System Security Request Form

All information must be filled out on this form in order for ITS - Production Systems Management to process your request. Managers, please complete this form and fax it to the corresponding Application Owner. The Application Owner must sign and fax the form to 436-8438.

## I. User Information:

<table>
<thead>
<tr>
<th>Option</th>
<th>User's Net ID:</th>
<th>Department:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW USER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCESS CHANGES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHANGE PASSWORD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DELETE USER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- User's Name (please print): ______________________
- Department: ______________________
- User's Net ID: ______________________
- Location/Building: ______________________
- User's Phone: ______________________
- Your Manager's Approval: ______________________
- Date of Request: ____/____/_____

## II. Access/Functionality:

(Select from each of A., B., and C.)

### A.) Available Applications:

<table>
<thead>
<tr>
<th>Application</th>
<th>Owner:</th>
<th>Fax:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FO Account Management</td>
<td>Ken Hoyt</td>
<td>5-5397</td>
</tr>
<tr>
<td>FO Accounts Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FO Named Authorizers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FO Treasury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List Org#'s in which you need access:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Application</th>
<th>Owner:</th>
<th>Fax:</th>
</tr>
</thead>
<tbody>
<tr>
<td>YM_SA - Student Affairs</td>
<td>Terri Tolson</td>
<td>7-5495</td>
</tr>
<tr>
<td>YM_FA - Financial Aid</td>
<td>Pam Nyiri</td>
<td></td>
</tr>
<tr>
<td>YM1 - Admissions</td>
<td>Rich Silverman</td>
<td>5-3234</td>
</tr>
<tr>
<td>JACUC</td>
<td>Carol Murgo</td>
<td>5-5033</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Application</th>
<th>Owner:</th>
<th>Fax:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Center</td>
<td>Tesheia Johnson</td>
<td></td>
</tr>
</tbody>
</table>

### IDX EOB Document System (Owner: Gayle Canales)  
Fax: 5-6766

### OPNotes (Owner: Gayle Canales)
Fax: 5-6766

### APS EOB Document System
Fax: 5-6869

### AS400 Data
Fax: 5-6869

### DermPath (Owner: Patty Tinker)
Fax: 5-6869

### Dermatology (Owner: Dr. Leffell)
Fax: 5-6869

### OBGYN01 - Faculty / Personnel (Owner: Jean Page)
Fax: 5-6869

### OBGYN02 - Patient Charts
Fax: 5-6869

## B.) Tasks:

- Search/View Documents
- Print Documents
- Fax/Email Documents
- View Annotations
- Edit Annotations

## C.) Administrator Only Functions:

- Scan to Batch
- Index Documents
- Update/Change/Delete Index Values

## III. Application Owner Approval:

(Must be signed by the Application Owner listed above or someone authorized by the Application Owner.)

- Application Owner Name: ______________________
- Department: ______________________
- Application Owner Signature: ______________________
- Title: ______________________
- Changes/Comments:

## ITS - Production Systems Management Section:

- Date of completion: ____/____/_____
- Security Officer Name (print): ______________________

Notes:

Document Editor: M. Saxton, ITS Enterprise Systems (5-18-09)  
http://www.yale.edu/its/forms/ImagingSystemFaxForm.pdf