University of California
San Francisco

Department of Radiology

Logon and Account Access Authorization Application

Revision 11
September 18, 2006

This form and supporting documentation may be download at:
http://radiology.ucsf.edu/compsupport.shtml
Contact Computer Support (415) 502-5838

*This form is for **Department of Radiology Employees**, **Non-Radiology UCSF Employees** and **Associates** to create login accounts to access UCSF Department of Radiology computing resources. Please complete all requested information on this form and return it to your HR representative. Allow 3 working days for completion. For assistance call 502-5838.* **Print Legibly. Incomplete or illegible forms cannot be processed and may delay approval.**

A) New or Existing Account

❑ **New Account** ❑ **Add or Change**

B) User Information

UCSF / Radiology: ❑ **Faculty** ❑ **Fellow** ❑ **Resident**
❑ **Post Doc Fellow** ❑ **Temporary Appointment**
❑ **Staff** ❑ **UCSF TEP**

Employee ID: _____

Physician ID: _____

❑ **UCSF SOM Student** ❑ **UCSF Bioengineering Student**
❑ **Collaborator** ❑ **Contractor** ❑ **Vendor**

❑ **Other** *(Please specify)* _____

Account Deactivation Date: _____

* **Required for all applicants who are not permanent employees** of the Department of Radiology **& for access to PACS, WebPACS and the TFS**. Deactivation Date must not exceed 12 months. If no date is specified, access will be granted for 30 days. A change request may be submitted at a later date to extend existing access.

C) User General Info

Name: _____
Last
_____
First *MI*

Title: _____

Department: _____

Section: _____ **Box:** _____

UCSF Phone: _____ **Pager:** _____

UCSF Email: _____

D) Supervisor

Name: _____

Dept./Section: _____

UCSF Phone: _____ **Pager:** _____

UCSF Email: _____

E) Account Types

Select only applications which are necessary and that the user is qualified to access. Inappropriate selections may delay approval of the application.

Department Computing: ❑ **Radauth** *(Radfiles fileserver / network account)* ❑ **Radiology Email Account**

Department Calendars: ❑ **MeetingMaker** *(Administrative)* ❑ **iPlanet** *(Research)* ❑ **TBD** *(Clinical)*

Clinical Applications: ❑ **PACS** *(Impax)* * ❑ **WebPACS** * ❑ **IDXrad** *(DECrad)*

Academic Applications: ❑ **Teaching Files** *(TFS)* *

* **Must include Deactivation Date for all users.**

I agree to protect the confidentiality of my user ID and password. I will maintain the confidentiality of patient information in accordance with all applicable policies and regulations. I understand that any violation will be grounds for termination of account access, and that I may be subjected to further disciplinary action in accordance with UCSF policy.

User Signature: _____ ***Date:*** _____

Supervisor Signature: _____ Date: _____

FOR OFFICE USE ONLY ***Fax 502-1837***

Radiology HR Rep: ***Name:*** _____ ***Signature:*** _____ ***Date:*** _____.

Account Authorization: ***Date:*** _____ ***Initials*** _____ *Account Termination:* ***Date:*** _____ ***Initials***

IDX: _____ ***Web:*** _____ ***Status:*** _____ ***EM:*** _____ ***FM:*** _____ ***TF:*** _____.