



Logon and Account Access Authorization Application

Revised: June 8, 2006

*This form and supporting documentation
may be download at:*

<http://radiology.ucsf.edu/compsupport.shtml>

Contact Computer Support (415) 502-5838

Instructions

Department of Radiology

- ✓ The Radiology Account Access Application must be completed to use UCSF Department of Radiology computing resources.
- ✓ Read the UCSF Information Security and Confidentiality Policy. Failure to comply with the policy may result in corrective action up to and including immediate termination.
<http://policies.ucsf.edu/650/65016.htm>
- ✓ The Department of Radiology HIPAA and Computing Policies can be found at:
<http://radiology.ucsf.edu/dept/policies.shtml>

1. All sections are required. Please complete requested information and print legibly.
- Incomplete or illegible forms cannot be processed and will delay account creation/changes.
2. A supervisor's signature and contact information must be provided.
3. Return the application to your HR representative. Allow 3 working days for completion.
4. Applicant will be contacted when access is granted.
5. If you have any questions regarding the form or who to submit it to please contact the Computer Support help desk at 502-5838.

A) Select New or Existing Account

- If user does not have an existing account with Radiology check "New."
- If the user is requesting access to additional systems, their employment status has changed or other information has changed check "Add or Change." Must provide login ID and complete all information.

B) User Information

- All applicants must check an appropriate box. If "Other" is checked please specify.
- Enter employee or physician's ID number as appropriate.
- An account Deactivation Date must be provided for all applicants who are not permanent employees of the Department of Radiology. The 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 Information

- Complete all requested contact information.
- Print legibly.

D) Supervisor Information

- Complete all requested contact information. Please print legibly.

E) System Account Type

- Please select **only** necessary accounts types.