

Medical Office Staff - New User Request Form

| *Required fields | | | |
|---|-----------------------|------------------------------|-------|
| User's Name | First* | Middle Initial* | Last* |
| Position Title*: | | | |
| This user's email*: | | | |
| Full Practice Name* | : | | |
| Office Phone Number | er*: | | |
| Office Manager Nan | ne*: | | |
| Office Manager ema | il*: | | |
| Manager will | be copied on email no | tifying user of token setup. | |
| Provide the name of user with similar acc | · · | | |

If this is the first user for this practice, please enter: "First employee"

Fax three (3), required, completed forms to:

Fauquier Hospital Medical Staff Services Office at <u>540-316-4491</u>

- 1. New User Request Form (this form)
- 2. Confidentiality and Security Agreement Form (requires requested user's signature)
- 3. Remote User Agreement Form (requires requested user's signature)

Please note new user account request requirements:

- This account request will not be processed if any requested information is missing. A new request will be required.
- There is a 3 day turnaround to process security access form (SAF) requests.
- Token user requirements:
 - o The new user is required to activate the provisioned token within 7 days of being issued. User Name and Password will be issued AFTER the token is activated by the user and verified by the Local Security Coordinator.
 - o Failure to comply with token activation requirement will result in termination of this account request.

Office Manager's Signature*

Date*

I agree to the user account request requirements listed above