

# SALEM RADIOLOGY

## OFFICE STAFF/PHYSICIAN SECURITY ACCESS FORM

**Parkland Medical Center Medical Staff Services**  
 1 Parkland Drive  
 Derry, NH 03038  
 Phone: 603-421-2110 / Fax: 603-421-2378  
 E-mail: Kimberly.Herrera@HCAHealthcare.com

<b>Application Date:</b>		<b>Title (please select one)</b> <input type="checkbox"/> LIP* <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> OS**	
(1) Applicant Last Name, Degree		(2) Applicant First Name	(3) MI or "NA"
(4) Applicant SS #		(5) Applicant Date of Birth	(6) NPI# (N/A for Office Staff)
(7) If Applicant is an Office Staff Member, Physician sponsor Name (Last, First, MI, Degree):			
(8) Physician Sponsor SS #		(9) Physician Sponsor Date of Birth	(10) Physician Sponsor NPI#
(11) Practice Name		(12) Practice Telephone Number	(13) Practice Fax Number
(14) Practice Address (Street Address, City, State, Zip Code)			
<b>Authorizing Security Coordinator Statement</b>		By signing this request I am stating that I have reviewed the above information for completeness and it is accurate to the best of my knowledge. Also I have reviewed the attached Information Security Agreement and verified that it has been completely filled out and signed. Also that I verify this request and authorize its processing.	
(15) Applicant Signature		(16) Applicant Printed Name	
(17) For Office Staff Applicant's Only, Physician's Signature:		(18) For Office Staff Applicant's Only, Physician's Printed Name:	
(19) Access Requested (please check all that apply)			
<input type="checkbox"/> Meditech <input checked="" type="checkbox"/> Remote Access/VDI <input type="checkbox"/> PACS (N/A for Office Staff)			

\* Licensed Independent Practitioner = MD/DO/DPM/DMD/DDS    \*\*Office Staff

**Remote Access/VDI:** Virtual Desktop into the HCA network through a web link requiring the Citrix Web Client (Remote access is required for Meditech and PACS outside out network).

**Meditech:** Access to patients Labs, Radiology, Reports, Patient Demographics etc. that the patient has listed someone in your practice as their, PCP, Attending or Ordering Physician

**PACS:** (Picture Archiving and Communication System) Provides access to Radiology imaging studies and their associated reports.

For Parkland Medical Center Staff Use Only		
Salem Imaging/Director of Radiology Notified of Request: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Date Notified:
Practitioner Status: <input type="checkbox"/> Credentialed <input type="checkbox"/> Undefined		Undefined Provider Screening Clear: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sanctioned/Unlicensed Provider Notification: <input type="checkbox"/> Provider <input type="checkbox"/> Radiology <input type="checkbox"/> N/A		Date Notified:
Entered into Provider Dictionary: <input type="checkbox"/> Yes <input type="checkbox"/> No		Mnemonic: <span style="float: right;">Provider ID:</span>
Entered into eSAF: <input type="checkbox"/> Yes <input type="checkbox"/> No		3/4 ID:
Entered by:		Date Entered: