

**CAROLINA FAMILY HEALTH CENTERS, INC.**  
**New Employee Access Form**



**EMPLOYEE INFORMATION**

☐ New Employee ☐ New Contractor ☐ Existing User  
☐ Temporary

Today's Date:

First Name:

Last Name:

\*MI:

Position:

Location:

Department:

Supervisor:

☐ Full-time ☐ Part-time

☐ Change in Job status or position, Date Effective:

Start Date or Requested Due Date:

Temporary or Contractor End Date, if known:

**SECURITY & EMAIL**

New Account:

☐ Network Account ☐ Email

☐ Security/Email similar to what existing user:

IT Use Only: Email Address: \_\_\_\_\_ @cfhcnc.org Date Completed: \_\_\_\_\_

**ELECTRONIC MEDICAL RECORD ACCESS**

☐ Server Account:

IT Use Only- Username: CFHC\_ Password: password Date Completed:

☐ EMR Account:

HIT Use Only- Username: Password: password Date Completed:

HIT Specialist Use Only:

Designated "provider" in EMR: ☐ Yes ☐ No

☐ Include in which E-mail Group(s):

☐ Removed from which E-mail Group(s):

☐ Include in which User Group Rights(s):

☐ Removed from which User Group Right (s):

☐ Employment terminated, employee access disabled(s):

Date Completed:

**HARDWARE / SOFTWARE REQUESTED**

Hardware:

☐ Laptop ☐ Desktop ☐ Screen protector ☐ Laptop bag ☐ Dictaphone ☐ Printer  
☐ Other

IT Use Only:

Hardware: Model and Serial Number

Model Serial

Model Serial

Model Serial

Desktop Computer: Username: Password:

Security Alarm Code Access:

Date Issued: Facility: ☐ WCHC ☐ FHCHC ☐ HFHC

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**TELEPHONE**

Telephone:

☐ Desk Phone

☐ Desk phone currently exist at location. Current extension is:  

Accessories:

☐ Wireless headset

☐ Wired headset

**CELL PHONE**

☐ Cell phone, cell phone number: (252)  

**OTHER EQUIPMENT**

☐ Camera, Date Issued:  

☐ Other: Date Issued:  

**BUILDING ACCESS**

Access Requested for the following location(s):

☐ WCHC

☐ FHCHC

☐ HFHC

☐ Wilson Admin

☐ Medical Records Room

☐ Server Room

☐ CFHC Dental Center

☐ Pharmacy (location)  

☐ Other, Specify:  

☐ After-Hours Access, Specify Hours and location(s):  

**HUMAN RESOURCES ONLY (To be completed after successful Introductory Period Evaluation):**

Keys: Location:  

Employee Signature:   Date:  

Witness:  

**SIGNATURES: (Electronic)**

Supervisor: Date:  

IT Manager: Date:  

HIT Specialist: Date:  

Human Resource Manager: Date: