



### iPMS System Access Request Form

New Access:  Amend Current Access: ( if yes, supply Citrix Logon)

Username\email address:

This form is used to grant, amend and remove access to the HSE Patient Administration System, iPMS. The form must be completed (TYPED) by the User. User and approving Line Manager Signatures must also be TYPED. Completed forms to be returned by email to site specific iPMS System Administrator, IT Department (refer to page 3), and will only be accepted where the approving Line Manager has either issued the request or is copied in the email by the Requestor.

Section 1: system access within your own current location.

Section 2: system access to External Hospital/Facility.

Section 3: removal of access rights.

#### Section 1:

User Details		
First Name:	Job Title:	HSE Personnel Number:
Last Name:	Department:	Mobile/landline/Ext No./Bleep:
Medical Council/NMBI/CORU Number:	Please state the name of your Hospital/Facility:	
<b>HSE Email Address Required:</b>		
<b>Laptop/PC Asset Tag Number Required:</b>		

iPMS Access	Please tick if required (✓)
<b>Patient Details</b>	
Create/Update Patient Demographics	
View Only Patient Demographics	
<b>Appointments</b>	
Make OPD Appointments	
View Only Appointments	
Clinic Diary Manager (Add Slots/Clinics on hold etc.)	
<b>Waiting Lists</b>	
Create/Edit Waiting List Entry	
View Only Waiting List Entry	
<b>PDT Chart Tracking</b>	
Create a new patient document type	
View Chart Tracking	
<b>Patient record Enquiry (General Overview)</b>	
Patient Record Enquiry	
<b>Other (please specify in detail):</b>	

iPMS Access	Please tick if Required (✓)
<b>Emergency Department</b>	
Create ED Attendances	
View only ED Attendances	
<b>Alerts</b>	
Create Alerts	
Edit Alerts	
View only Alerts	
<b>Inpatients</b>	
Admit/Transfer/Discharge Patients	
Ward View Only	
<b>Theatre</b>	
Theatre View	
Theatre Booking Rights	
<b>Billing &amp; Finance</b>	
<b>Billing View</b>	
<b>Edit Billing</b>	

User Declaration		
I have read and understood the <a href="#">Health Service Executive policies</a> governing the user of its IT resources, and I agree to be bound by the terms therein. I acknowledge that the access to personal information is subject to (a) that I will only access data relevant to a specific patient and (b) that I will adhere to my duty of confidentiality to the individual involved. I understand that I may be subject to the HSE's disciplinary procedures should I fail to comply with these obligations. I agree that I will also adhere to the iPMS User Access Policy.		
Name:	Signature:	Date:
<b>Line Manager declaration and authorisation – unsigned forms will be returned</b>		
Declaration: I certify that I know this staff member and they require access to iPMS.		
Operational Lead/ Clinical Manager Name:	Operational Lead/ Clinical Manager Signature:	
Direct Tel No:	Date:	



**Section 2:**

Please note, Section 2 is ONLY to be completed if requesting access to another hospital/facility other than your main base. Please specify full reasons as to why this access is required – access will only be granted in valid/exceptional circumstances.

User Details		
First Name:	Job Title:	HSE Personnel Number:
Last Name:	Department:	Mobile/landline/Ext No./Bleep:
Medical Council/NMBI/CORU Number:	Please state the name of your Hospital/Facility:	
<b>HSE Email Address Required:</b>		
<b>Laptop/PC Asset Tag Number Required:</b>		
<b>External Hospital/Facility that Access is Required for:</b>		

iPMS Access	Please tick if required (✓)
<b>Patient Details</b>	
Create/Update Patient Demographics	
View Only Patient Demographics	
<b>Appointments</b>	
Make OPD Appointments	
View Only Appointments	
Clinic Diary Manager (Add Slots/Clinics on hold etc.)	
<b>Waiting Lists</b>	
Create/Edit Waiting List Entry	
View Only Waiting List Entry	
<b>PDT Chart Tracking</b>	
Create a new patient document type	
View Chart Tracking	
<b>Patient record Enquiry (General Overview)</b>	
Patient Record Enquiry	
<b>Other (please specify in detail):</b>	

iPMS Access	Please tick if Required (✓)
<b>Emergency Department</b>	
Create ED Attendances	
View only ED Attendances	
<b>Alerts</b>	
Create Alerts	
Edit Alerts	
View only Alerts	
<b>Inpatients</b>	
Admit/Transfer/Discharge Patients	
Ward View Only	
<b>Theatre</b>	
Theatre View	
Theatre Booking Rights	
<b>Billing &amp; Finance</b>	
<b>Billing View</b>	
Edit Billing	

**You must provide below detailed reason(s) for External Facility access**

Empty box for providing detailed reasons for external facility access.

**User Declaration**

I have read and understood the [Health Service Executive policies](#) governing the user of its IT resources, and I agree to be bound by the terms therein. I acknowledge that the access to personal information is subject to (a) that I will only access data relevant to a specific patient contact and (b) that I will adhere to my duty of confidentiality to the individual involved. I understand that I may be subject to the HSE's disciplinary procedures should I fail to comply with these obligations. I agree that I will also adhere to the iPMS User Access Policy.

Name:	Signature:	Date:
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**Line Manager declaration and authorisation – unsigned forms will be returned**

**Declaration:** I certify that I know this staff member and they require access to iPMS.

Operational Lead/ Clinical Manager Name:	Operational Lead/ Clinical Manager Signature:
Direct Tel. No:	Date:



**Section 3:**

Please note, Section 3 is to be completed if **requesting removal of access rights from a user account**

User Details		
First Name:	Job Title:	HSE Personnel Number:
Last Name:	Department:	Mobile/landline/Ext No./Bleep:
Medical Council/NMBI/CORU Number:	Please state the name of your Hospital/Facility:	
<b>HSE Email Address Required:</b>		
<b>Laptop/PC Asset Tag Number Required:</b>		

iPMS Access	Please tick if to be removed (✓)	iPMS Access	Please tick if to be removed (✓)
<b>Patient Details</b>		<b>Emergency Department</b>	
Create/Update Patient Demographics		Create ED Attendances	
View Only Patient Demographics		View only ED Attendances	
<b>Appointments</b>		<b>Alerts</b>	
Make OPD Appointments		Create Alerts	
View Only Appointments		Edit Alerts	
Clinic Diary Manager (Add Slots/Clinics on hold etc.)		View only Alerts	
<b>Waiting Lists</b>		<b>Inpatients</b>	
Create/Edit Waiting List Entry		Admit/Transfer/Discharge Patients	
View Only Waiting List Entry		Ward View Only	
<b>PDT Chart Tracking</b>		<b>Theatre</b>	
Create a new patient document type		Theatre View	
View Chart Tracking		Theatre Booking Rights	
<b>Patient record Enquiry (General Overview)</b>		<b>Billing &amp; Finance</b>	
Patient Record Enquiry		Billing View	
<b>Other (please specify in detail):</b>		Edit Billing	

**External Hospital that Access is Required for:**

User Declaration		
I am declaring that I no longer require access to the above iPMS modules.		
Name:	Signature:	Date:
Operational Lead/Clinical Manager Name:		Operational Lead/Clinical Manager Signature:
Direct Tel No:		Date:

**RETURN COMPLETED FORMS TO:**

LOCATION	CONTACT DETAILS
Galway University Hospitals requests	<a href="mailto:ISHelpdesk.GUH@hse.ie">ISHelpdesk.GUH@hse.ie</a>
Roscommon University Hospital requests	<a href="mailto:ISHelpdesk.GUH@hse.ie">ISHelpdesk.GUH@hse.ie</a>
Portiuncula University Hospital requests	<a href="mailto:lpms.portiuncula@hse.ie">lpms.portiuncula@hse.ie</a>
Mayo University Hospital requests	<a href="mailto:MUH.InformationServices@hse.ie">MUH.InformationServices@hse.ie</a>
Sligo University Hospital requests	<a href="mailto:applicationsupport.suh@hse.ie">applicationsupport.suh@hse.ie</a>
Letterkenny University Hospital requests	Log a ticket on IVANTI or email <a href="mailto:LUH.IT@hse.ie">LUH.IT@hse.ie</a>
CHO 2 (CHW) – Older Peoples Services & Mental Health Services requests	<a href="mailto:CHWiPMS.SupportTeam@hse.ie">CHWiPMS.SupportTeam@hse.ie</a>
CHO 2 (CHW) – ECC related requests	<a href="mailto:ipmssupport.chw@hse.ie">ipmssupport.chw@hse.ie</a>
CHO 1 (CH CDLMS) requests	coming soon