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 a user and signed, and signed by their line manager. Completed forms should be forwarded to iPMS System Administrator, IT Department (refer to page 3).
Please note that incomplete or illegible forms will be returned to sender.
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:	

HSE Email Address Required:

Laptop/PC Asset Tag Number Required:

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

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 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 (print & sign): _____	Date:

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 (print & sign):** _____
Direct Tel No:	**Date:**

Section 2:

Please note, Section 2 is <u>ONLY</u> to be completed <u>if requesting access to another hospital/facility other than your main base.</u>
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:	

HSE Email Address Required:

Laptop/PC Asset Tag Number Required:

External Hospital/Facility that Access is Required for:

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

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

User Declaration
I have read and understood the <u>Health Service Executive policies</u> 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 (print & sign): _____	Date:

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(print & sign):_____
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:	

HSE Email Address Required:

Laptop/PC Asset Tag Number Required:

iPMS Access	Please tick if to be removed (✓)	iPMS Access	Please tick if to be removed (✓)
Patient Details		**Emergency Department**	
Create/Update Patient Demographics		Create ED Attendances	
View Only Patient Demographics		View only ED Attendances	
Appointments		**Alerts**	
Make OPD Appointments		Create Alerts	
View Only Appointments		Edit Alerts	
Clinic Diary Manager (Add Slots/Clinics on hold etc.)		View only Alerts	
Waiting Lists		**Inpatients**	
Create/Edit Waiting List Entry		Admit/Transfer/Discharge Patients	
View Only Waiting List Entry		Ward View Only	
PDT Chart Tracking		**Theatre**	
Create a new patient document type		Theatre View	
View Chart Tracking		Theatre Booking Rights	
Patient record Enquiry (General Overview)		**Billing & Finance**	
Patient Record Enquiry		Billing View	
Other (please specify in detail):		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 (print & sign): _____	Date:
Operational Lead/Clinical Manager Name:	Operational Lead/Clinical Manager Signature (print & sign):_____	
Direct Tel No:	Date:	

RETURN COMPLETED FORMS TO:

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