



COMMUNITY HEALTH NETWORK (CHN)
INVISION/LCR USER ID REQUEST FORM

SFGH Nursing should not use this form, use the on line wizard instead.

(If you need your Password Reset, Call 206-5035)

Please complete all information requested. Include a signed copy of the "User Confidentiality and Security Agreement".

Grid for Last Name, Legal First Name, MI

MUST COMPLETE WHERE APPLICABLE:

CA Professional Lic #, DEA #, UPIN, NPI, Specialty, Primary Care Provider, Work Location, Work Area, Dept/Clinic, Title, Work Ph #, Pager #, Fax #, E-Mail Address, CHN Affiliation

User Verification for Password Reset:

Month and Day of Birth (MM/DD), Last Four Digits of SSN

Category 1

(Audiologist, Dentist, DO, Medical Student, any MD, MFCC, Nurse Anesthetist, Nurse Midwife, NP, Optometrist, Podiatrist, Ph.D., Resident)

Need CHN# and Invision/LCR Access, Have CHN #: Need Invision/ LCR Access, List CHN #

Category 2

(Case Mgr, Clinical RN Specialist, Counselor, Dental Assistant, Dental Hygienist, Doctor of Pharmacy, EET, EKG, Health Educator, Health Wrkr, Lab Tech, LCSW, LVN, MA, MEA, MSW, MHW, OT, Optometry Tech, Outreach Worker, Psychiatric Social Worker, Psychiatric Tech, Public Health RN, Public Service Aide, RD, RN, Respiratory Therapist, Social Worker, Speech Therapist)

Need Provider # (Billing Purposes), Need Invision/LCR Access

Category 3 (All Others)

New Invision/LCR User Id for, Prefix of Unit, User Id to be Copied, Change Access and/or Functions, Describe, Delete Invision/LCR User Id

TO BE COMPLETED BY IMMEDIATE SUPERVISOR:

I certify that the above individual DOES NOT DOES need to view patient results in the LCR as part of his/her job duties. Please check a box.

Print Name, Title, Work Location, Work Ph #, E-Mail, Signature, Remark/s

Fax or send request with signed "User Confidentiality and Security Agreement" to:

SFGH, I.S. Dept., Bldg 20, Ward 25, Room 2500

Fax: 415.206.4533

For I. S. Use Only:

CHN# - Invision/LCR User Id, TCL, Oper. Init, Date