SPRINGFIELD CLINIC
ALLEN BUILDING
Leading the Way

External Request for Systems Access

To be completed by an authorized requestor from the requesting organization.
(An electronically completed form is required for each employee.)
INCOMPLETE AND/OR HANDWRITTEN FORMS WILL BE REJECTED.

Requestor Information				
Organization Name:				
Requestor's Name:				
Requestor's Title:			Phone:	
Requestor's eMail:			Phone Ext:	
(*REQUIRED*) Requestor's Signature:				
Date:				

Requesting Organization's IT Point of Contact				
Name / Title:			Phone:	
eMail Address:			Phone Ext:	

User Information				
Last Name:		First Name:	Middle Initial:	
User's Employee/Student ID or Birthday:(MM:DD)			Phone:	
eMail Address:			Phone Ext:	
Job Title & Role:				
Office/Department/School:				
Effective Start Date:		Termination Date: (if known)		

Access Information

Existing User with similar access to this request:		
Springfield Clinic Preceptor: (For Students Only)		

	Yes	No
Will this employee/student be assisting a Springfield Clinic Provider at a non-Clinic outreach office? (may require additional system access)	☐	☐

If yes, please list providers/specialties being assisted:

Please list providers/specialties, labs/x-rays (including procedures) for the user profile:

System Access Requested from Springfield Clinic					For SIU Use Only:		For MHS Use Only:	
☐	Citrix Portal	☐	Allscripts Read/Write	☐ IDX	☐	Internal (Read/Write)*	☐	Internal (Read/Write)*
☐	Medflow	☐	Allscripts Read Only	*For Other Systems, Please Specify Below*	☐	External (View Only)	☐	External (View Only)
☐	SIS	☐	Allscripts Train	☐		*Additional Fee Applies		
☐	SYSTOC	☐	Allscripts Test	☐		Cost Center to Charge:		

Notice Regarding Terminations

Great care should be taken to ensure that access is not continued beyond the employee/student's tenure! By submitting this form to Springfield Clinic, you agree to submit a weekly email documenting employee terminations to security@springfieldclinic.com.

Please Note: Once this form has been completed electronically, it will need to be printed and physically signed, then sent via email or fax to Springfield Clinic's Information Security Department for processing.
security@springfieldclinic.com | Fax: 217.522.2444
Please allow 5 business days for all requests.

Springfield Clinic Allen Building
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Springfield, Illinois 62703
217.528.7541 • 800.444.7541
www.SpringfieldClinic.com

Accredited by the Accreditation Association for Ambulatory Healthcare (AAAHC)