

Manager Authorization for Remote Soarian View-Only Access for Non-NWH UW Medicine and Affiliated Organizations



Name:* _____
(Legal First, Middle, Last Name)

Licenses: _____
(MD, RN, etc.)

Job Title: _____

UW Net ID: _____

Email Address:* _____

Phone #:* _____

For the purpose of: _____
(Clinical Care, Research, Hospital Operations, etc.)

Start Date:* _____

Model after User: 8043_8548_CON

Check the name of your employer below. If you require access and your organization is not on the list, contact the Northwest Hospital Help Desk at (206) 668-1605.

| | | | |
|---|---|---|---|
| ✓ | *Required: check the name of your employer | ✓ | *Required: check the name of your employer |
| | Airlift Northwest | | Sightlife |
| | Bloodworks Northwest, dba Puget Sound Blood Ctr | | Swedish Residential Care Team |
| | Downtown Emergency Services Center | | U.S. Consumer Product Safety Commission (NEISS) |
| | Fred Hutch Cancer Research Center | | UW Campus Health Services |
| | Fred Hutch Cancer Research Center - CSS | | UW Hall Health |
| | Full Life Care | | UW Medical Center (UWMC) |
| | Group Health Cooperative | | UW Medicine (Contact Center, ITS, etc.) |
| | Harborview Medical Center (HMC) | | UW Neighborhood Clinics |
| | Kindred Hospital Seattle - Northgate | | UW School of Dentistry |
| | LifeCenter Northwest | | UW School of Medicine |
| | NW Kidney Center | | UW School of Nursing |
| | Providence Infusion and Pharmacy Services | | VA Puget Sound |
| | Public Health Seattle & King County | | Valley Medical Center |
| | Seattle Cancer Care Alliance (SCCA) | | Other _____ |
| | Seattle Children's | | |

AUTHORIZATION:

I authorize the employee listed above to have remote, view-only access via the NWH Extranet to Soarian.

I understand that, as a manager I am responsible for notifying the NWH Help Desk via email or phone when employee is separated from UW Medicine and I understand that I am responsible for confirming continued access via a quarterly audit of user access that will be sent to me.

(Authorizing Manager Signature)

(Print Name)

(Date)

(Title)

(Email)

(Phone)

Authorizing Manager will automatically be granted a NWH user account before they can provide authorization for their staff. Managers without a NWH user account will automatically have this form routed for approval by Dr. Mary Horan.

(Dr. Mary Horan Signature)

(Date)

Completed and e-signed form should be emailed to uw_nwh_dl_provisioning@uw.edu. Help Desk phone number is (206) 668-1605.