



Access Request

IU Health and Non-IU Health

Please review IU Health Information Security and Confidentiality policies before requesting access. Complete all information and return completed forms to:

Scott Dinwiddie, IU Health Quality Partners
1776 N Meridian Suite 100A
Indianapolis, IN 46202

Or, scan to sdinwiddie@iuhealth.org

Please print legibly and complete all information. Incomplete requests will be returned.

Add Change Delete

Date Requested _____

Name _____
Last First MI

Credentials _____

IU Health/IU/IUSOM: Enter Employee Number: _____

Your Job Role (Access is based on job role): _____

List IU Health Department you are working for: _____

Non-IU Health – List Company Name: _____

Company Phone: _____ Email Address: _____

Authentication Information:

Non-IU Health: Last 5 SSN _____ Your Birth Date: _____

ACCESS REQUESTED:

Clarian NT Account/Credentials- email address/account is not needed
SSL Users – myclarianconnection- Non-CH Users OR SSL Users- myclarianconnection – CH Users
Crimson Access, Medventive Access

Approvals:

IU Health Quality Partners Signature

IU Health Quality Partners Staff Printed Name

IU Health Quality Partners Phone

E-Mail

Date

IU Health Data Custodian

E-Mail

Phone

This Section to be completed by Data Security

User Identification _____

Password _____

Request Implemented by _____

Date _____

