



BESTCare HIS User Access Form

Part I - To be completed by the requesting department

Note: All fields must be completed. The requester must provide all the information and approvals on this form. Incomplete forms will be returned to the requesting department

This request is for :

- New User Deactivate (End of Contract Other)
- Transferring User Change User Information (Department, Location, Position)
- On Leave (for more than one month) Update user access (Add Remove)
- Back from Leave Screen name:

Access domain:

- Production domain Staging domain

Account information:

Name : (English)
(Family Name) (First Name) (Second Name)

Name : (Arabic)
(Family Name) (First Name) (Second Name)

Badge No. : Ext. No. :

E-mail : Pager No. :

Department : Position Title :

Section : Location/Area :

Specialty : (for physician's only)

Access type:

- Permanent account Temporary account Last working date:

Facilities :

Central Region

- King Abdulaziz Medical City - Riyadh
 King Abdullah Specialized Children Hospital

Eastern Region

- Imam Abdulrahman bin Faisal Hospital
 King Abdulaziz Hospital - Al Ahsa

Western Region - Jeddah

- King Abdulaziz Medical City - Jeddah

Western Region - Al Madinah

- Prince Mohammed Bin Abdulaziz Hospital

Other: Region: Facility:

If you need Patient Services Access (for Non-Patient Services Department users only):

- View Access for Outpatient Appointments Admission Access (Access type view)
- Registration Access (Access type view)

Part II - To be completed by Patient Services Department

Approved by:

Approved

Not Approved

Director, Patient Services
(Name & Signature)

Badge No.

Date

Part III - To be completed by the Requesting Department

- I hereby acknowledge that by receiving this access, I will adhere to the hospital administrative policies and procedures with regard to the privacy and confidentiality of both the healthcare facilities and patients' data. I also acknowledge that it is my responsibility to change my temporary password and keep it confidential.

Requester Signature

Date

Approved by:

Approved

Not Approved

If not approved, reason:

Department Head
(Name & Signature)

Job Title

Badge No.

Date

Instructions for BESTCare User Access Form

* Please handover this form to CCIMS upon approval (Ext. No. 52016/52023, E-mail: CIMS2@ngha.med.sa)

* Please note that access request with unauthorized/extra privileges will be directed to Taskforce BESTCare Committee for review and approval

Request Type :

The requester must indicate first the type of request they are filling the form for:

- a. **New User:** For staff who do not have access to CPR and are required to have the access created for them.
- b. **On Leave for More than One Month:** To temporarily deactivate their access on CPR until they return.
- c. **Back from Leave:** To activate the CPR access when the user is back from a long leave.
- d. **Deactivate:** End of contract or other reasons (e.g. moving to an administrative position that does not require access to patient information).
- e. **Change User Information:** To be updated on the CPR.
- f. **Transferring user:** For staff who moved to new healthcare facility
- g. **Update user access:** for staff who has access but needs to add/remove screen.

General Information :

- 1. The name in English and Arabic, extension, pager, e-mail, badge number, department, section, location/area and job title to provide the proper access on the CPR.
- 2. The facility(ies) where the requester is privileged to work/view patient information.
- 3. Specify the requester specialty, for physicians only.
- 4. For temporary accounts (e.g. interns), the last working date must be specified.

For Non-Patient Services Department Users Only :

- 1. Specify if they require to view outpatient appointments.
- 2. Specify if they require to view Registration or Admission access.
- 3. These privileges must be countersigned by the Patient Services Department.

Approvals :

The request must be signed by the requester in addition to the department head; to ensure that the requester is entitled to the access they requested.