



Child Health Administrative Services

NextGen® User Security Access Request – Practice Location

Practice _____

Phone _____

User Name (Last, First, Middle Initial) _____

Function Description (MD, RN, MA, Office Mgr, Front Desk) _____

Please Circle One: **ADD** User **CHANGE** User **DELETE** User

Security Groups: check all that apply and fax to (513) 636-0504 Application Specialist Team, Systems Administrator

<input checked="" type="checkbox"/>	Group Name	Description	<input checked="" type="checkbox"/>	Group Name	Description
	Billing	Billing, Charge Entry, Checkout			EPM/EMR:
	Business Manager	Business Manager – various override permissions		MA	Medical Assistant
	EDI – {practice}	EDI Rejections		NP	Nurse Practitioner
	Office Manager	Office Manager – various override permissions		Nurse	Nurse
	Registration 1	Registration and Demographic data entry		Physician	Physicians
	Scan Documents	Persons authorized to scan, file, edit Scanned Documents		Rx Staff	Non-Physician Persons authorized to FAX or Print prescriptions
	Scheduling 1	Appointment Management		PAQ	Provider Approval Queue
	Scheduling Admin	Provider schedule management		Non-Provider PAQ Delegate	Associated with Provider: _____
	zAdvisor-Ar	Access to the AR Section of the EPM Advisor Screen (nothing else)		DocAssign	Manages DocAssign results holding tank
	ZEOB	Posting Integrated ICS EOBs		LabAssign	Manages LabAssign holding tank

NextGen Users **must** belong to at least one group and may belong to multiple groups. Permissions are controlled at the Group level.

Check if user will need a Microsoft Outlook Mailbox

* Super User Assigned to EPM (staff member name): _____

Notice of Data Security and Confidentiality

No user of the NextGen™ system may access any portion of a patient’s data file for any reason, unless it is in the course of performing their assigned job. NextGen™ users are strictly forbidden to edit their own financial data file in any way, even if such access is a part of their job responsibility.

I acknowledge that I **understand** and have received a copy of this policy and agree to use equipment and access in accordance with the above. I understand that failure to abide by this policy will result in immediate cancellation of my NextGen™ security access and disciplinary action up to and including termination.

If training has not been provided by CHAS please initial the following line:

_____ I have not had the formal NextGen™ application training, I have been trained by a proficient NextGen™ user at my office and am requesting that the standard training be waived in this case. I understand that I might be audited by CHAS staff and required to pass a training assessment and/or go through the standard NextGen™ training.

Signature of Employee _____

Date _____

Signature of Employee’s Supervisor _____

Date _____

SYSTEM ADMINISTRATOR USE ONLY

NextGen™ User ID _____

Initial Password _____

Completed By _____

Date _____