

# University of Texas Dental Branch-Houston

Electronic Patient Record (EPR) User Authorization Form



**1 Name (Please Print)**

\_\_\_\_\_  
*Last* *First* *Middle Initial*

**2 User Type (Pick One)**

<input type="checkbox"/> <b>Faculty</b>	<input type="checkbox"/> <b>Student</b>	<input type="checkbox"/> <b>Staff</b>
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**3 Function (Check All that apply)**



<input type="checkbox"/> DH Faculty	<input type="checkbox"/> Hygiene	<input type="checkbox"/> Scheduler	<input type="checkbox"/> Records
<input type="checkbox"/> DDS Faculty	<input type="checkbox"/> DDS	<input type="checkbox"/> PCC	<input type="checkbox"/> Data Entry
<input type="checkbox"/> Resident Faculty	<input type="checkbox"/> Resident	<input type="checkbox"/> Clinic Staff	<input type="checkbox"/> Cashier
<input type="checkbox"/> Practice Leader		<input type="checkbox"/> Other: _____	

**4 Primary Department or Program Assignment (Check all that apply)**

<input type="checkbox"/> AEGD	<input type="checkbox"/> OMFS
<input type="checkbox"/> Clinical Services	<input type="checkbox"/> Orthodontics
<input type="checkbox"/> Dental Hygiene	<input type="checkbox"/> Patient Services
<input type="checkbox"/> Dental Public Health	<input type="checkbox"/> Pediatric Dentistry
<input type="checkbox"/> Diagnostic Sciences	<input type="checkbox"/> Periodontics
<input type="checkbox"/> DDS Program	<input type="checkbox"/> Prosthodontics
<input type="checkbox"/> Endodontics	<input type="checkbox"/> Restorative Dentistry & Biomaterials
<input type="checkbox"/> Faculty Practice	

**5 Action Requested (Check One)**

<input type="checkbox"/> New User Account
<input type="checkbox"/> Delete User Account
<input type="checkbox"/> Security Change w/ memo

**Office Use Only**

ID Assigned: \_\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

DB Staff: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

**6 Contact Information**

Phone (____) ____-____
Pager (____) ____-____
<b>Students ONLY:</b>
Graduation Year: _____
Mailbox Number: _____

**7 Security Contract**

All individuals are responsible for the management and protection of information and are accountable for their actions relating to information resource security. Individuals using information resources are expected to know and comply with published University of Texas policies and procedures. By signing this contract, you agree to only use the user id/password for the purpose intended and not share or disclose the password assigned you to any person for any reason. Failure on the part of any individual to comply may result in disciplinary action including suspension or termination of educational or employment opportunity. A person may be subject to civil or criminal legal sanctions when a violation occurs. It is the responsibility of all personnel to report any suspected or confirmed violations of this policy to Client Support Services or the appropriate management. No expectation of user privacy exists except as otherwise provided by applicable privacy laws.

**8 Signature of User**

\_\_\_\_\_  
*Signature* *Date*

**9 Signature of Dept. Designee or Chairperson**

\_\_\_\_\_  
*Signature* *Print Name* *Date*

**10 Signature of HIPAA Privacy Officer**

\_\_\_\_\_  
*Signature* *Print Name* *Date*

**Transmit Form**

Fax completed form to 713.500.4358 or send via interdepartmental mail to the Office of Patient Care - DBB 142. Accounts will be created within 2 business days.