



**Discharge Call Manager  
Access Request Form  
University of Miami Miller School of Medicine**

**DESCRIPTION OF SYSTEM**

Discharge Call Manager is a web-based application that allows nursing staff to easily conduct discharge follow up calls to reduce patient anxiety, complaints and claims, while improving compliance and clinical outcomes, and immediately disseminate the information throughout the organization.

**THIS INFORMATION IS TO BE FURNISHED BY THE APPLICANT (PLEASE PRINT LEGIBLY)**

- Please complete ALL sections on ALL pages of this form (Incomplete forms will not be processed).
- The applicant must sign the yellow section (**SECTION A**) of page 2.
- The supervisor must sign the green section (**SECTION B**) of page 2.

NEW USER ACCESS (Specify Start Date: \_\_\_\_\_ )

MODIFY USER ACCESS

**APPLICANT'S INFORMATION**

FIRST NAME	M.I.	LAST NAME	PHONE NUMBER (WITH AREA CODE)
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<b>*REQUIRED* *FIELDS*</b>	C# <b>*REQUIRED*</b> (IF NO C#, MUST INCLUDE DATE OF BIRTH)	DATE OF BIRTH (IF NO C# IS PROVIDED, MUST INCLUDE DATE OF BIRTH)
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MEDICAL USER NAME (EMAIL) <b>*REQUIRED*</b>
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POSITION TITLE	ORGANIZATION NAME (e.g., ABLEH, UMH, UMHC, UMMG, OTHER)
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LOCATION BUILDING	DEPARTMENT	DIVISION
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**ROLE/FUNCTIONAL ACCESS REQUIRED**

**Administrator** (This access level will have access to all the administrative functions within DCM such as customizing questions, call scripts, granting reporting access to callers etc.)

**Caller** (This access level allows the user to view the patient call list for their unit. The actual staff who will be calling the patients should have this access)

**Caller with Report Functionality** (This access level also has access to Reporting features/functions within DCM, in addition to caller access. All the unit leaders/mangers should have this access)



UM Clinical Enterprise Technologies  
1150 N.W. 14<sup>th</sup> Street, Suite 100  
Miami, FL 33136  
Tel: (305) 243-7339  
Fax: (305) 243-7355

Date Modified: November 16th, 2009

Modified by: wr

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**HIPAA (Privacy & Security of Protected Health Information)**

The University of Miami has developed policies and procedures for the use and disclosure of University patient health information in compliance with applicable state and federal laws, including the **Privacy & Security** standards promulgated under the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**. By signing this form you hereby agree to comply with HIPAA. Furthermore, by signing this form, you affirm the fact that you've taken and successfully passed the 'HIPAA Privacy & Security Awareness' online training. If you have any questions concerning our policies and procedures, please contact the Office of Privacy and Security at **305-243-5000**, email us at [hipaaprivacy@med.miami.edu](mailto:hipaaprivacy@med.miami.edu), or visit our site: <http://med.miami.edu/hipaa>.

**SECURITY ADMINISTRATION PROCEDURES**

1. Complete the required information in this Discharge Call Manager Access Request Form.
2. Acquire department manager signature.
3. Return the completed form(s) to the Clinical Enterprise Technologies department. The form can be faxed to 305-243-7355.
4. Access will be granted once all the previous steps have been completed.

If you need assistance, please contact the CET Support Desk at 305-243-7339.

**APPLICANT'S SIGNATURE**

**\*SECTION A\*** By signing this access request form I understand that I will receive access to Discharge Call Manager. Access information is not to be shared and/or made public and will sign off the system before leaving the workstation.

APPLICANT'S SIGNATURE	APPLICANT'S PRINTED NAME	UPIN/NPI #	DATE
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**APPLICANT'S UM SUPERVISOR, AUTHORIZING MANAGER, SPONSOR/LIASON OR ADMINISTRATOR**

**\*SECTION B\*** By signing this access request form, I acknowledge and confirm that the above applicant needs access to the system referred to in this application in order to perform his/her job functions. I will notify the CET department upon this employee's termination and/or transfer to a different position or department where access must be assessed as it relates to their job functions by their new supervisor.

SUPERVISOR'S SIGNATURE	SUPERVISOR'S PRINTED NAME	SUPERVISOR'S PHONE #	DATE
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