iPMS System Access Request Form

New Access: ☐ **Amend Current Access:** ☐ (if yes, supply Citrix Logon)

Username\email address: _____

This form is used to grant, amend and remove access to the HSE Patient Administration System, iPMS.
This form MUST be completed by **typing** into the fillable PDF by a user and signed by their line manager. User and approving Line Manager signatures MUST also be typed. Completed forms should be returned by email to **iPMS System Administrator, IT Department (refer to page 3). Please note that incomplete or illegible forms will be returned to sender.**
Section 1 is for system access within your own current location. **Section 2** is for External Hospital/Facility system access.
Section 3 is for Removal of Rights.

Section 1:

User Details		
First Name:	**Job Title:**	**HSE Personnel Number:**
Last Name:	**Department:**	**Mobile/landline/Ext No./Bleep:**
Medical Council/NMBI/CORU Number:	**Please state the name of your Hospital/Facility:**	
HSE Email Address Required:		
Laptop/PC Asset Tag Number Required:		

iPMS Access	Please tick if required (✓)	iPMS Access	Please tick if Required (✓)
Patient Details		**Emergency Department**	
Create\Update Patient Demographics	○	Create ED Attendances	○
View Only Patient Demographics	○	View only ED Attendances	○
Appointments		**Alerts**	
Make OPD Appointments	○	Create Alerts	○
View Only Appointments	○	Edit Alerts	○
Clinic Diary Manager (Add Slots\Clinics on hold etc)	○	View only Alerts	○
Waiting Lists		**Inpatients**	
Create\Edit Waiting List Entry	○	Admit\Transfer\Discharge Patients	○
View Only Waiting List Entry	○	Ward View Only	○
PDT Chart Tracking		**Theatre**	
Create a new patient document type	○	Theatre View	○
View Chart Tracking	○	Theatre Booking Rights	○
Patient record Enquiry (General Overview)		**Billing & Finance**	
Patient Record Enquiry	○	**Billing View**	○
Other (please specify in detail):		**Edit Billing**	○

User Declaration

I have read and understood the Health Service Executive policies governing the user of its IT resources, and I agree to be bound by the terms therein. I acknowledge that the access to personal information is subject to (a) that I will only access data relevant to a specific patient contact and (b) that I will adhere to my duty of confidentiality to the individual involved. I understand that I may be subject to the HSE's disciplinary procedures should I fail to comply with these obligations. I agree that I will also adhere to the iPMS User Access Policy.

Name:	**Signature:**	**Date:**

Line Manager declaration and authorisation – unsigned forms will be returned

Declaration: I certify that I know this staff member and requires access to iPMS.

Op Lead/Clinical Manager Name:	**Op Lead/Clinical Manager Signature:**
Direct Tel No:	**Date:**

I confirm that I have completed the fundamentals in GDPR and Cyber Security Training on HSELand within the last 12 months ☐

Section 2:

Please note, Section 2 is ONLY to be completed if requesting access to another hospital/facility besides your main base.
Please specify full reasons as to why this access is required – access will only be granted in valid/exceptional circumstances.

User Details		
First Name:	**Job Title:**	**HSE Personnel Number:**
Last Name:	**Department:**	**Mobile/landline/Ext No./Bleep:**
Medical Council/NMBI/CORU Number:	**Please state the name of your Hospital/Facility:**	
HSE Email Address Required:		
Laptop/PC Asset Tag Number Required:		
External Hospital/Facility that Access is Required for:		

iPMS Access	Please tick if required (✓)
Patient Details	
Create\Update Patient Demographics	○
View Only Patient Demographics	○
Appointments	
Make OPD Appointments	○
View Only Appointments	○
Clinic Diary Manager (Add Slots\ Clinics on hold etc.)	○
Waiting Lists	
Create\Edit Waiting List Entry	○
View Only Waiting List Entry	○
PDT Chart Tracking	
Create a new patient document type	○
View Chart Tracking	○
Patient record Enquiry (General Overview)	
Patient Record Enquiry	○
Other (please specify in detail):	

iPMS Access	Please tick if Required (✓)
Emergency Department	
Create ED Attendances	○
View only ED Attendances	○
Alerts	
Create Alerts	○
Edit Alerts	○
View only Alerts	○
Inpatients	
Admit\Transfer\Discharge Patients	○
Ward View Only	○
Theatre	
Theatre View	○
Theatre Booking Rights	○
Billing & Finance	
Billing View	○
Edit Billing	○

You must provide below detailed reason(s) for External Facility access

User Declaration

I have read and understood the Health Service Executive policies governing the user of its IT resources, and I agree to be bound by the terms therein. I acknowledge that the access to personal information is subject to (a) that I will only access data relevant to a specific patient contact and (b) that I will adhere to my duty of confidentiality to the individual involved. I understand that I may be subject to the HSE's disciplinary procedures should I fail to comply with these obligations. I agree that I will also adhere to the iPMS User Access Policy.

Name:	**Signature:**	**Date:**

Line Manager declaration and authorisation – unsigned forms will be returned

Declaration: I certify that I know this staff member and requires access to iPMS.

Operational Lead/Clinical Manager Name:	**Operational Lead/Clinical Manager Signature:**
Direct Tel No:	**Date:**

I confirm that I have completed the fundamentals in GDPR and Cyber Security Training on HSELand within the last 12 months ☐

Section 3:

Please note, Section 3 is to be completed if requesting removal of access rights from a user account in line with requirements for job role.

User Details		
First Name:	**Job Title:**	**HSE Personnel Number:**
Last Name:	**Department:**	**Mobile/landline/Ext No./Bleep:**
Medical Council/NMBI/CORU Number:	**Please state the name of your Hospital/Facility:**	
HSE Email Address Required:		
Laptop/PC Asset Tag Number Required:		

iPMS Access	Please tick if to be removed (✓)
Patient Details	
Create\Update Patient Demographics	○
View Only Patient Demographics	○
Appointments	
Make OPD Appointments	○
View Only Appointments	○
Clinic Diary Manager (Add Slots\ Clinics on hold etc.)	○
Waiting Lists	
Create\Edit Waiting List Entry	○
View Only Waiting List Entry	○
PDT Chart Tracking	
Create a new patient document type	○
View Chart Tracking	○
Patient record Enquiry (General Overview)	
Patient Record Enquiry	○
Other (please specify in detail):	

iPMS Access	Please tick if to be removed (✓)
Emergency Department	
Create ED Attendances	○
View only ED Attendances	○
Alerts	
Create Alerts	○
Edit Alerts	○
View only Alerts	○
Inpatients	
Admit\Transfer\Discharge Patients	○
Ward View Only	○
Theatre	
Theatre View	○
Theatre Booking Rights	○
Billing & Finance	
Billing View	○
Edit Billing	○

External Hospital that Access is Required for:

User Declaration		
I am declaring that I no longer require access to the above iPMS modules.		
Name:	**Signature:**	**Date:**
Operational Lead/Clinical Manager Name:	**Operational Lead/Clinical Manager Signature:**	
Direct Tel No:	**Date:**	

RETURN COMPLETED FORMS TO:

Location	Contact Details
Galway University Hospitals Requests	ISHelpdesk.GUH@hse.ie
Roscommon University Hospital Requests	ISHelpdesk.GUH@hse.ie
Portiuncula University Hospital Requests	Ipms.portiuncula@hse.ie
Mayo University Hospital Requests	MUH.InformationServices@hse.ie
Sligo University Hospital Requests	applicationsupport.suh@hse.ie
Letterkenny University Hospital Requests	Log a ticket to Ivanti and attach completed form or email to LUH.IT@hse.ie
CHO 2 (CHW) – Older Persons & Mental Health Requests	CHWiPMS.SupportTeam@hse.ie
CHO 2 (CHW) – ECC related Requests	ictappsupport.chw@hse.ie
IHA Sligo, Leitrim, South Donegal & West Cavan Requests	*TBC*
IHA Donegal Requests	*TBC*