Hospital Selayang

HS.ITD. Borang 001(Pin 1)

Username Account Information

(To be completed by user)

Date of Application			
Assigned Username (For Office use only)		Date Approved (For Office use only)	
Full Name (as in I/C)			
I.C. Number		Birth Date	
Phone	H/Phone:	Office ext:	
Position			
Department / Ward			
MOH-HR	Name	Signature	
MOH-IT	Name	Signature	

System List

☐ Win NT/ Ms Office ☐ Billing Application
☐ Cerner Application ☐ RIS/PACS
☐ Others ……
……

Head of Department Signature : ……

Head of Department Name : ……

Date : ……...

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Note: -

1. Self explanatory.
2. To be completed for new, terminated, transferred employee or to change employee system access, right and restrictions.
3. List systems which access is to be granted changed or removed. Indicate position.
4. Indicate why access is needed and other details as appropriate.

*** Please send to H.R after completing the details above**

CONFIDENTIAL DECLARATION

I, the undersigned, acknowledge that:

1. My PASSWORD is the equivalent of my signature.

2. If assigned a PASSWORD, I will change my PASSWORD that is only known to me. I will not disclose it to anyone or allow / enable anyone to access information using it.

3. I will not attempt to learn another user's PASSWORD.

4. I will not attempt to access information by using a PASSWORD other than my own.

5. I will not attempt to access any unauthorized information.

6. If I have a reason to believe that confidentiality of my PASSWORD has been compromised, I will contact the appropriate system security coordinator immediately so that the suspect PASSWORD can be deleted and new PASSWORD assigned to me.

7. I understand that the information that I will have access to is Selayang Hospital confidential. Access to, use and sharing of this information is to be strictly for Selayang Hospital business / patient care purposes only as defined by my "need to know" and authorized job responsibilities.

I understand that if I violate any of the above statements that I will be subject to disciplinary action.

Officer/Staff: **Witness:**

Signature: ....

Name:..... .....

I/C No. : ....

Position: ....

Date : ....

P:\ITD\Username Account ITD