

## HHRI Employee/Non-Employee Epic Access Request for Research

Use this form to request access for HHRI employees or contractors. The Hennepin Healthcare Epic system requires strict compliance with privacy and security policies and regulations; the **HHRI/HHS supervisor** is responsible for overseeing Epic activities for the user for whom Epic is being requested.

Complete this form electronically and attach to the onboarding request in REDCap or go to the HHRI IT Service Desk (<https://help.hhrinstitute.org:8443>) and attach to Request Type "HCMC Services → Epic Access".

<b>Name of Supervisor/Manager/PI.</b>	
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### User Information (all fields are required)

<b>User's Name</b> (as entered in Peoplesoft (i.e legal name):	
<b>User Status:</b>	<input type="checkbox"/> HHRI Employee <input type="checkbox"/> HHRI Non-Employee
<b>User Email:</b>	
<b>User Phone number:</b>	
<b>User HHS network ID (H number) or Peoplesoft number:</b>	
<b>User Job Title:</b>	
<b>IMPORTANT</b> Briefly describe why Epic access is required for this user to fulfill role-related duties at HHRI	
If user will need to access Epic from a non-HHS computer (personal or HHRI computer), <b>the exact computer name</b> (on a PC found under Settings → on a Mac System Preferences → Sharing)	
If user is not currently enrolled in Duo 2 Factor Authentication please provide <b>mobile phone number, make, and model.</b>	

### Check the applicable Boxes

The User will <b>NOT</b> access and transfer any data from the Epic system to a non-HHS/HHRI computing environment; this includes cloud-based file storage such as Dropbox, Box, Google Drive	True
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<p>A data use agreement has been established to allow release of Epic data. Attach verification from your <a href="#">HHRI administrator</a>.</p> <p><b>IMPORTANT:</b> Transfer of data from Epic to a non-HHS/HHRI environment is considered a <i>release</i> and must be authorized via the HHRI Office of grants and contracts in addition to IRB approval(s) for applicable HIPAA authorizations.</p>	
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### Acknowledgement

<b>Name of person submitting this form</b>	
<b>Email</b>	
<b>Phone</b>	
<b>Date</b>	
<p>By submitting this form, I confirm that:</p> <ul style="list-style-type: none"> <li>• I am the Principal investigator (PI) for this study, or the PI's designee authorized to submit on behalf of the PI, or this user's direct manager responsible for adherence to acceptable use policies.</li> <li>• I acknowledge full awareness of the information contained within this form.</li> <li>• I have verified that the information on this form is accurate and complete</li> </ul>	
<b>Date:</b>	
<b>Signature:</b>	