
PROMPT: User Access Authorization Form

New User Information:

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| **Name:** |  |
| Please insert the full name of your hospital below. If you are part of a system and need access to multiple hospitals, please insert your system name and then list out the full names of every hospital for which you need access within your system. |
| **Hospital(s):** |  |
| **Title:** |  | **Department:**  |
| **E-mail Address:** |  |
| **Telephone:** |  |  |

**Signature:**

|  |
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| **Signature of a Hospital Representative With The Authority to Allow User Access Rights For the New User Listed Above:** |
| **Signature:** |  |
| **Name:** |  |
| **Title:** |  |
| **Date:** |  |

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| **NOTE**: Each person designated to use *PROMPT* will have broad access to all of the available features and information. Given that users will have access to all levels of patient data, appropriate security clearance, pursuant to your policies, should be ensured. The product should be used only for hospital-approved reasons, with appropriate documentation in place to describe the scope of the work being performed and the personnel involved.  |

### Please e-mail completed, signed form to:

**Bryan Metzger,** Sr VP Information Services

Tennessee Hospital Association

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