Health PEI

PSMS File Management Access Request Form

Applicant Information

First & Last Name:	
Job Title:	
Email Address:	
Phone Number:	
Site/ Facility:	

Reason for Request	**Details of Request**
☐ **Staff turnover** **Staff member being replaced:** ☐ **New access or change to existing access** ☐ **"Act As"** **("Act As" temporarily assigns the applicants access to the individual listed below while on any short term leave for 2 weeks or less)** **Name:** **Start Date:** **End Date:** ☐ **Remove access** **(eg. For a staff person who has left the organization, or the program area)**	**Use this section to describe new access, change in existing access, or any other relevant information**

Requestors Name:	
Email:	
Date:	
Signature:	

Submission Instructions:

- Send completed form to the Service Center by email SERVICECENTRE@gov.pe.ca or fax (902-368-4716)

Please Note:

- **Reports and alerts generated by the system are standardized and based on role of the user. Reports and alerts will be automatically assigned.** Ad hoc or customized report requests require review and must be submitted to PSMSRequests@ihis.org.