

## **Computer Access Request Form**

Please write legibly and fill out completely

Personal Information				Start Date	
Last: First:		Middle:			
Home Address: Home Phone: ( ) -					
City: State:		Zip code:			
**Health Personnel Only					
**Date of Birth: **SSN:					
**License (State lic#, DEA, Medicare, etc.): **NPI:					
Primary Site Location	Department		Position		
☐ Happy Camp	<ul><li>Administration</li><li>Karuk Tribe Housing</li><li>Karuk Community Development</li></ul>				
□ Orleans					
□ Yreka			Status		
□ Som <mark>es Bar</mark>	☐ Natural Resources		□ Full- <mark>Time</mark>		
	☐ Health (Dept.):		□ Part-T <mark>ime</mark>		
N 1971 A	□ Other:		☐ Temporary		
Type of Service Needed – Which Package(s), Program etc. do you need access? (3P Billing AR Pat					
Registration etc) or Access Same As (another person, if you are unsure of which package(s) to select).					
☐ Computer Access		□ RPMS			
□ <mark>Email</mark>		Health Insurance Portability and Accountability Act			
☐ Same Access As:		(HIPAA) Training Completed?			
□ Other:		☐ Yes			
		□ No	115.25		
Special Instructions/Date Needed					
aparticular delicitor deli					
Signatures (Must have Supervisor OR Human Resources signature)					
Human Resources	an Resources S		pervisor		
Type or print		Type or print			
Name		Name			

The Computer Access Request Form (CARF) requesting employee access to the Karuk Tribe of California computer system will be filled out and signed by the employee's supervisor. The supervisor will determine the files or systems that the user needs access to and annotate those needs on this form. By signing this form, the employee is agreeing to abide by all tribal policies, rules, and regulations concerning system access that apply to the position. Health employees must complete Health Orientation and receive HIPPA training prior to receiving computer access.