

## **Access to Secure Records Request**

| Access Request              | ed By                          | ALCO PAR          |  |           |
|-----------------------------|--------------------------------|-------------------|--|-----------|
| Name                        | 1 19                           | Date              |  |           |
| Job Title                   |                                |                   |  |           |
| ·                           | The second second              |                   |  | 411-5-7   |
| Secure record cl            | ient(s) details Ad             | dd Client(s)      |  |           |
| Name                        |                                | First ID          |  |           |
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| Staff member(s)             | Ad                             | d Worker(s)       |  |           |
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| Name                        | Care                           | CareFirst ID      |  | End       |
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| Period of Access            | s Required                     |                   |  |           |
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|                             |                                |                   |  |           |
| nless specifically authoris | sed, the case will cease to be | secure on this of | date   |           |
|                             |                                |                   |  |           |
| Systems Requiri             | ng Access                      |                   |  |           |
| CareFirst 6                 |                                |                   | cords  |           |
| Actioned by Change          | Management Team)               | (Actio            | ned by Area BIT  | SO)       |
|                             |                                |                   |  |           |
| Reason(s) for Ac            | cess                           |                   | 10///  |           |
|                             |                                |                   |  |           |
|                             |                                |                   |  |           |
| Manager Authori             | isation By                     |                   |  |           |
| Name                        |                                | Date              |  |           |
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