

Computer Access Request Form

Please write legibly and fill out completely

**Required for health personnel only

Personal Information			Start Date
Last:	First: Middl	e:	
Home Address: Home Phone: () -			
City:	State: Zip co	ode:	
**Date of Birth: **SSN:			
**License (State lic#, DEA, Medicare, etc.):			
AT SILAL OB			
Primary Site Location	Department	Position/Ti	tle
☐ Happy Camp	Administration	~~~	
□ Orleans	☐ Karuk Tribe Housing		
□ Yreka	Karuk Community Develo		
☐ Somes Bar	☐ Natural Resources		-Time
1111	☐ Health (Dept.):		-Time
151 A	☐ Other:	□ Tem	ip <mark>orary</mark>
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 ☐ RPM		But Va-	
□ Email		Health Insurance Portability and Accountability Act	
□ Other:	Other: (HIPAA) Training Completed		
Later Control	□ Yes		
Y.	□ No		
Chariel Instructions/Data Needed			
Special Instructions/Date Needed			
11,1			
Signatures			
Employee	Supervisor		
Type or print	Type or print		
Name	Name		

Must have supervisor approval

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.