



## LAC+USC Healthcare Network Systems Access Application General Direction and Instructions

### I. General Direction:

- A. Direct supervisor's signature is required, otherwise the application process will be delayed.
- B. All applicants **must** read, sign and submit the "**Agreement For Acceptable Use (AAU)**" form along with their Access Application (link provided below).
- C. Please allow 2-3 days for processing of your application. If you don't get notification within 3 days of submitting your forms, please contact the Help Desk at (323) 409-2100.

### II. LAC+USC Healthcare Network Systems Access Form:

- A. [www.lacusc.org/aso/docs/IS\\_AccessForm\\_Provider.pdf](http://www.lacusc.org/aso/docs/IS_AccessForm_Provider.pdf)  
This will give you access to Patient Charting (**Affinity**), Scanned medical records (**Quantim**), Operating Rooms (**ORSOS**), ICU (**CCIS**), Radiology (**Synapse**), Referral Processing System (**RPS**).
- B. Please complete the **Agreement for Acceptable Use** form:  
[www.lacusc.org/aso/docs/AAU.pdf](http://www.lacusc.org/aso/docs/AAU.pdf)
  - \* For access to Pharmacy (PADI / WebRx – Licensed Providers):  
[www.lacusc.org/aso/docs/webrxapplicationformlacusc.pdf](http://www.lacusc.org/aso/docs/webrxapplicationformlacusc.pdf)
  - \* For access to Pharmacy (PADI - Nursing and Non-Licensed Providers):  
[www.lacusc.org/aso/docs/secform.pdf](http://www.lacusc.org/aso/docs/secform.pdf)
  - \* For access to Radiology Dictation, please call: 323-226-7108.
  - \* For access to Referral Processing System (RPS):  
[www.lacusc.org/aso/docs/RPSUserApplicationForm.pdf](http://www.lacusc.org/aso/docs/RPSUserApplicationForm.pdf)
  - \* For access to Wellsoft:  
[www.lacusc.org/aso/docs/WellsoftAccountRequestForm.pdf](http://www.lacusc.org/aso/docs/WellsoftAccountRequestForm.pdf)



# LAC+USC Healthcare Network Systems Access Application - **For Providers Only**

( \* Required fields to be completed, if applicable )

Addition    Deletion    Revision    Move    Reactivate   Date: \_\_\_\_\_

## Employee Information:

\* First Name: \_\_\_\_\_ MI: \_\_\_\_\_ \* Last Name: \_\_\_\_\_

(N/A for medical Students)

\* Employee #: \_\_\_\_\_ \* SID#: \_\_\_\_\_ \* DOB (mm/dd/yy): \_\_\_\_\_

\* Job Title: \_\_\_\_\_  Attending    Fellow    Resident    Intern(PG1)    Medical Student    Midlevel

\* Phone #: \_\_\_\_\_ \* Pager #: \_\_\_\_\_  County Employee    Contractor

\* Department: \_\_\_\_\_ \* NPI#: \_\_\_\_\_ \* Email Address: \_\_\_\_\_

Building: \_\_\_\_\_ Room: \_\_\_\_\_

Are you transferring from another county department?    Yes    No

## Applications Needed:

Domain (Required)    E-Mail (For County Employees)    Affinity (Patient Charting)    Synapse (X-rays)    Quantim (Scanned Documents)    ORSOS (OR Access)    CCIS (ICU Access)    RIS (Radiology)

Med+Ped Trax    RPS Clinic Assigned: (Referrals) \_\_\_\_\_  Other: \_\_\_\_\_

Desired Affinity User Group:   **Provider**

\* Applicant: \_\_\_\_\_  
Print Name   Signature   Phone Number   Date

\* Area Supervisor: \_\_\_\_\_  
Print Name   Signature   Phone Number   Date

**\*\* For Office Use Only \*\***

Local Security Officer: \_\_\_\_\_  
Print Name   Signature   Phone Number   Date

Affinity: \_\_\_\_\_   ORSOS: \_\_\_\_\_   Network: \_\_\_\_\_   QEDM: \_\_\_\_\_

Please FAX the completed form to the Applications Security Team at (323) 441-8056.

PLEASE CALL IN 2-3 DAYS TO SEE IF ACCESS HAS BEEN ASSIGNED TO YOU (323) 409-2100.