



## Request for Web HHLA Password

Please provide the following information. Print clearly

Company Name: \_\_\_\_\_ Location: \_\_\_\_\_

Manager: \_\_\_\_\_ Date: \_\_\_\_\_

User Name: \_\_\_\_\_  
Last First

Email Address: \_\_\_\_\_

**Access Level:**

- Nursing: Limited access to nurses patients only
- General User: Access to all patients for the branch and statistics.

HHLA has agreed to provide the client employee listed above with a secure ID and password in order to access patient results. By applying for Internet access, you agree to accept responsibility for protecting the integrity of your password (This includes not sharing your password with others). Data should only be accessed as it directly relates to patient treatment and/or location management.

By authorizing this request the manager agrees to notify HHLA if the user leaves the company.

\_\_\_\_\_  
User Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

**Fax Requests to: (615) 771-0335**