

**Manager Authorization for Remote Soarian View-Only Access for Non-NWH UW Medicine and Affiliated Organizations**



Name:\* \_\_\_\_\_  
(Legal First, Middle, Last Name)

Licenses: \_\_\_\_\_  
(MD, RN, etc.)

Job Title: \_\_\_\_\_

UW Net ID: \_\_\_\_\_

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

Phone #:\* \_\_\_\_\_

For the purpose of: \_\_\_\_\_  
(Clinical Care, Research, Hospital Operations, etc.)

Start Date:\* \_\_\_\_\_

**Model after User: 8043\_8548\_CON**

Check the name of your employer below. If you require access and your organization is not on the list, contact Laurie Hughes at [laurihu@uw.edu](mailto:laurihu@uw.edu).

✓ *\*Required: check the name of your employer*

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Airlift Northwest	Sightlife
Bloodworks Northwest, dba Puget Sound Blood Ctr	Swedish Residential Care Team
Downtown Emergency Services Center	U.S. Consumer Product Safety Commission (NEISS)
Fred Hutch Cancer Research Center	UW Campus Health Services
Fred Hutch Cancer Research Center - CSS	UW Hall Health
Full Life Care	UW Medical Center (UWMC)
Group Health Cooperative	UW Medicine (Contact Center, ITS, etc.)
Harborview Medical Center (HMC)	UW Neighborhood Clinics
Kindred Hospital Seattle - Northgate	UW School of Dentistry
LifeCenter Northwest	UW School of Medicine
NW Kidney Center	UW School of Nursing
Providence Infusion and Pharmacy Services	VA Puget Sound
Public Health Seattle & King County	Valley Medical Center
Seattle Cancer Care Alliance (SCCA)	Other _____
Seattle Children's	

**AUTHORIZATION:**

*I authorize the employee listed above to have remote, view-only access via the NWH Extranet to Soarian.*

*I understand that, as a manager I am responsible for notifying the NWH Help Desk via email or phone when employee is separated from UW Medicine and I understand that I am responsible for confirming continued access via a quarterly audit of user access that will be sent to me.*

\_\_\_\_\_  
(Authorizing Manager Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Email)

\_\_\_\_\_  
(Phone)

**\*\*\*Authorizing Manager will automatically be granted a NWH user account before they can provide authorization for their staff. Managers without a NWH user account will automatically have this form routed for approval by Dr. Mary Horan.\*\*\***

\_\_\_\_\_  
(Dr. Mary Horan Signature)

\_\_\_\_\_  
(Date)

**Completed and e-signed form should be emailed to [ITProvisioning@nwhsea.org](mailto:ITProvisioning@nwhsea.org). Help Desk phone number is (206) 368-1605.**