

**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/End Date:\* \_\_\_\_\_ / \* \_\_\_\_\_

*Security Responses – Used for password resets only:*

Mother's Maiden Name:\* \_\_\_\_\_ Favorite Person from History:\* \_\_\_\_\_

**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 [Laurie.Hughes@nwhsea.org](mailto:Laurie.Hughes@nwhsea.org).

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

**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)

**\*\*\*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.**