

Remote Access Authorization Form

****Please fill out and return to: Compliance Officer.**

I understand that this access is designed for CETPA staff and have read the following policies and procedures and will adhere to them (Please initial below):

Internet Use Policy	Initial _____
HIPAA Password Policy	Initial _____
Compliance Agreement	Initial _____

I further understand that if I violate any of the terms listed in the policies and procedures, I may be subject to disciplinary action, including discharge, loss of privileges, termination of contract, legal action for monetary damages or injunction, or both, or any other remedy available to CETPA, Inc.

Print Name: _____

Signature: _____ Date: _____

Request Section

Remote Access Applicant (print)	Phone Number	
Signature of Remote Access Applicant	Date	Email Address
Reason Requested (include applications to access):		
Requested Systems:		

Supervisor Section

The Supervisor must support the request for the applicant to be given permission to access enterprise data from a remote location.

Supervisor name (print)	Signature of Supervisor	Authorization status Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Date
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Information Technology Approval Section

Name (print)	Signature	Authorization status Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Date
Authorized Systems:			