



## SyMed Client Website Permissions

(Form to be completed prior to implementation by IT)

Fax Completed Form to: 800-266-2944

(v 01/09/09)

Client Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

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

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

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**Web Reports Permission Types:**                      None                      View  
(Print 1<sup>st</sup> letter before category)

                                \_\_\_\_\_ Patient                      \_\_\_\_\_ Operational                      \_\_\_\_\_ Financial

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**View Sent Faxes:**  
(Mark one category only)                      \_\_\_\_\_ None                      \_\_\_\_\_ Full

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**View Uploaded Files:**  
(Mark one category only)                      \_\_\_\_\_ None                      \_\_\_\_\_ Full

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**File Upload Permission:**  
(Mark one category only)                      \_\_\_\_\_ None                      \_\_\_\_\_ Full

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**Patient Demographic:**  
(Mark one category only)                      \_\_\_\_\_ None                      \_\_\_\_\_ View                      \_\_\_\_\_ Add/Modify

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**Scheduler:**  
(Mark one category only)                      \_\_\_\_\_ None                      \_\_\_\_\_ View                      \_\_\_\_\_ Full

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**SyMed internal use only**

SyMed IT Implementation Date: \_\_\_\_\_ By: \_\_\_\_\_

Date Client Notified: \_\_\_\_\_ By: \_\_\_\_\_