

vOACIS Timeout Request Form

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PURPOSE:

This form provides users with the option to increase the OACIS timeout feature on their OACIS workstation to 1 hour if the following basic security conditions are met.

CONDITIONS:

- This request applies only to secure outpatient areas and private office locations. Timeouts cannot be increased in patient exam rooms or on in-patient workstations on nursing units due an increased security risk in these areas.
- The timeout for [Citrix Webapps](#) cannot be changed.
- Signatories of this form must ensure that the workstation for which they are requesting a timeout extension is secure from unauthorized access.
- The manager must approve requests for clinic workstation changes. This form must be signed by the manager for the request to be processed.
- Requests for private office workstation changes do not need additional approval as long as all criteria are met.
- The Security and Confidentiality Committee and OCIO-IS reserve the right to decline a request if the basic security criteria are not satisfied.
- The Security and Confidentiality Committee and OCIO-IS reserve the right to revoke the timeout change if the criteria or conditions are violated.
- A separate timeout request form must be submitted for each workstation.
- Timeout changes will need to be requested in writing with each workstation change or any time the machine name changes.

PROCEDURE:

1. **Complete all applicable fields of the Timeout Request Form, then sign and date.** Failure to complete this form properly will result in a delay in processing your request. Additional copies of this agreement can be found at the following URL: <http://www.musc.edu/infoservices/forms>. You may also call the Support Desk at 792-9700.
2. **Obtain your computer's machine name.** For instructions on how to obtain the machine name, see the attached instructions or call the OCIO-IS Support desk at 792-9700.
3. **Return the completed form to OCIO-IS.** Forms may be faxed to **792-8315**, or sent via campus mail to OCIO-IS, Harborview Office Towers, Suite 201
4. **OCIO-IS will email you once the request has been processed.** Upon receipt, each request will be carefully reviewed. In most cases, requests will be completed within 48 hours. Should you not have an email account, OCIO-IS will phone you once your request is complete.
5. **Retain a copy of this form for your records.**

FULL Name: _____ (PLEASE PRINT) Credentials: _____ (RN, MD, CA, PCT, RT, etc.)

DOB: _____ Phone: _____

Location (please circle one): Private Office Clinic (if Clinic, manager **MUST** approve request)

Workstation Location/Room #: _____ Phone Nearest Workstation: _____

Machine Name: _____ (see next page for instructions on obtaining machine name)

Department Chair/Supervisor: _____ Phone: _____

Manager's Signature: _____ Date: _____

Your signature below indicates that you have read and agree to comply with the above policy and procedure.

Signature: _____ **Date:** _____

For Office Use Only

OACIS LoginID: _____ UID: _____ Analyst's Initials: _____ Date Completed: _____

Instructions for obtaining the machine name from your workstation

1. Click the **START** button
2. Click on **Control Panel**
3. Select **System**
4. Select the **Computer Name** tab
5. Copy the **Full Computer Name** down exactly as you see it, i.e., L-01234.clinlan.local