

Medical Illustration Services  
**Medical Image Manager**  
 System Access Request Form



Type of request (please tick):  New  Change Clinical Portal user?  Yes  No

Name:

Job title:

Grade:  GGC user name:

Dept:  Location / Site:

Tel:  GGC email:

Employer:  NHSGGC  NHS GGC Honorary contract  
 Other (please specify)

Start date:  Leaving date (if applicable):

**Profile Required**

All clinical images are classed as **sensitive**. **Highly sensitive** images include those of a more intimate nature i.e. from specialties such as Sexual Health and Obs & Gyn.

Collections to which access is required (tick **ONLY** the boxes that apply to area of responsibility):

- 1. Adult patient collection SENSITIVE
- 2. Adult patient collection HIGHLY SENSITIVE
- Dental only
- 3. Paediatric collection SENSITIVE
- 4. Paediatric HIGHLY SENSITIVE
- Ophthalmology only

**Declaration**

*Security Devices, Passwords and User ID codes*

I will ensure that any security devices, passwords and user IDs allocated to me for use with Medical Image Manager are kept confidential and secure, and not passed to any other person whether or not an employee of NHSGGC. I further understand that I am responsible for any transactions carried out under my personal password and code.

*Data Protection*

I acknowledge that Data Protection legislation governs all information gathered or accessed by me. I understand that I may not extract subject identifiable data and hold it on any system not registered in accordance with the appropriate act.

**I have read and understood** the published NHSGGC policy on Photography and Video Recordings of Patients, and I agree to abide by it. I understand information within MIM is to be accessed only on a need to know basis; access is routinely monitored and inappropriate use will be reported.

Print name in UPPERCASE  Date

Signature of applicant

**IMPORTANT: Your application must be authorised and signed by the Clinical Lead before submission. Failure to do so will result in the form being returned for completion.**

I approve the above user profile for this member of staff.

Print name in UPPERCASE  Date

Signature of Clinical Director/  
 Head of Service

Completed forms should be signed and returned to: [mim.requests@ggc.scot.nhs.uk](mailto:mim.requests@ggc.scot.nhs.uk)  
 Medical Illustration Services, MIM Registration, 10 Alexandra Parade, Glasgow Royal Infirmary.

OFFICIAL USE	/
MIMSR no.	
Initial	