

Virginia Pre-Hospital Information Bridge (VPHIB) Hospital User Logon Request

Hospital Name:	
Department:	
Address - Street:	
City/County:	
State and Zip Code:	
User Name:	
Title:	
E-mail Address:	
Telephone Number:	

The user and facility understand that access is being granted VDH/OEMS as a necessary privilege in order to perform my authorized functions as an agent of a hospital/health care facility that receives EMS patient care documentation as part of the continuum of care and/or performance improvement efforts related to patients received directly from an authorized EMS provider/agency. A VPHIB Hospital User of Information Systems Security Access Agreement must accompany this login request.

_____	_____	_____	_____
User's Signature	Date	User's Name Printed	Date

_____	_____	_____	_____
User's Supervisor's Signature	Date	Supervisor's Name Printed	Date

For Hospital User Access to VPHIB Fax, E-mail, or Mail; the following to OEMS:

- Hospital User Logon Request and;
- VDH/OEMS VPHIB Security Agreement (Hospital Version)
- Please allow 3-5 business days to receive administrative user access

E-mail: Support@OEMSSupport.Kayako.com

Fax: (804) 371-3108

Mail: Office of Emergency Medical Services
Attention: VPHIB Coordinator
1041 Technology Park Drive
Glen Allen, Virginia 23059

Access Level Provided

_____		<input type="checkbox"/> Hospital Run History
OEMS Approving Signature	Date	<input type="checkbox"/> Designated Hospital Run History