

REQUEST TO REMOVE RESTRICTED ACCESS

CUSTOMER DETAILS

(A Separate Form is Required For Family Members)

Name:	Carefirst ID:	Are they Part of a Family of Restrictions:
-------	---------------	--

If YES – Are the Other Family Members Restriction Being Removed?

(Complete a Separate Form for Each Family Member)

TEAM MANAGER REQUESTING REMOVAL OF RESTRICTED ACCESS

Name:	Carefirst ID:	Date of Request:
-------	---------------	------------------

REASON FOR REMOVAL OF RESTRICTED ACCESS

Provide **FULL** details of why you want the Restricted Access to be removed. For Example – if customer is an employee who no longer works for EDC, please detail this.

CATEGORY OF RESTRICTED ACCESS

(PLEASE OUTLINE THE CATEGORY THE RECORD WAS RESTRICTED UNDER)

Customer is an Employee	<input type="checkbox"/>	Customer is an Immediate Relative of an Employee	<input type="checkbox"/>
Elected Member	<input type="checkbox"/>	Customer is an Immediate Relative of an Elected Member	<input type="checkbox"/>
High Profile Case	<input type="checkbox"/>	Witness Protection	<input type="checkbox"/>
At Customer's Request	<input type="checkbox"/>	Subject to Investigation	<input type="checkbox"/>

I confirm that I have made the necessary arrangements for the hardcopy Casefile(s) to be made available to those that require access. (This refers to Unit 10 @ Kilsyth Road and Iron Mountain)	<input type="checkbox"/>
---	--------------------------

I confirm that I have made the necessary arrangements to unrestrict the Customer's Electronic Folders (i.e., WORD / EXCEL). A Change Request requires to be submitted to ICT.	<input type="checkbox"/>
---	--------------------------

FORM MUST BE AUTHORISED BY THE APPROPRIATE SERVICE MANAGER FOR YOUR AREA:

Children and Families - (Suzanne Grieg & Raymond Walsh)
Justice Service - (Alex O'Donnell)
Adult Services - (Richard Murphy / Stephen McDonald – Interim Measure)
Older People Services - (Stephen McDonald)

Authorised By:	Designation:
----------------	--------------

Date:

PLEASE **EMAIL** THE AUTHORISED FORM TO: The "Carefirst Team" Mailbox

OFFICIAL USE - TO BE COMPLETED BY CAREFIRST TEAM ONLY		
I confirm that I have removed the “ Restricted Access ” Observation detailing the Restriction Request.	<input type="checkbox"/>	Date:
I confirm that I have ended the “ Restricted – see notes for who has access ” Warning.	<input type="checkbox"/>	Date:
I confirm that I have ended the Restricted Category.	<input type="checkbox"/>	Date:
I confirm that I have ended the Workers who had access.	<input type="checkbox"/>	Date:
I confirm that I have saved this Form securely (password protect) within the appropriate Carefirst File Path (H/Restrict/Carefirst/RESTRICTED ACCESS FORMS).	<input type="checkbox"/>	Date:
I confirm that I have saved the Email Requesting the Restriction within the appropriate Carefirst File Path (H/Restrict/Carefirst/RESTRICTED ACCESS FORMS).	<input type="checkbox"/>	Date:
I confirm that I emailed the Team Manager advising that the Restriction has been removed.	<input type="checkbox"/>	Date:
I confirm that I have moved the Email Requesting the Restriction to the Restrictions Removed Folder within the Carefirst Mailbox.	<input type="checkbox"/>	Date:
Processed by:	Date:	
Designation:		