

Vital Document Request Form

Requestor Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last Name	First Name	Request Date

Requestor Title/Site	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Title/Site	Email	Department/Cost Center

Select One	New Form Revised Form	<i>Form Title</i>	
		<i>Previous Form Title</i>	<i>Form Number</i>

Select One	General Consent HIPAA Consent	Supporting Health System Policy & Procedure Title/#:	
		<i>Policy Title(s)</i>	<i>Policy #(s)</i>

Rationale for Document: **A** **B** **C** **D** *(see attached instructional sheet for details)*

Purpose: _____

Reviewed By Stakeholders/Department(s) Impacted:

<i>Name/Committee</i>	

For Office Use Only		
Vital Docs Oversight Taskforce		
Nursing		
Medical Chair		
Local Forms/HIM Committee Representative		

Vital Document Request Form

Instructions

1. Complete System Vital Document Request Form. (A vital document template is available as a guide)
2. Fill out the Vital Document Request form with all information and before submitting do the following:
3. Click <ATTACH FILE>, a window opens and allows you to select the file you wish to attach, click <OPEN>, a popup will ask you to confirm that you have selected the correct file, click <OK>, click <SUBMIT>.

All Vital Document Request Forms and Templates will be reviewed by the System P&P Department.

- a. Incomplete request forms and/or templates will be returned to the requestor for additional information and/or clarification.
 - b. All submitted requests must document prior review and vetting through applicable /impacted departments.
 - c. Vital Documents are generally supported by Health System Policies therefore all requests to be considered must indicate policy supporting the request. If you are unable to identify a policy please contact the P&P Department (516) 719-3754 / 3759
4. Define the Rationale for the Document by utilizing the legend below:

Rationale	
A	General Review
B	Performance/Process Improvement
C	Educational/Practice Change
D	Regulatory/Legal

If you are encountering any problems on the site please email: vdcsupport@cexforms.com