



Additional Access/Role Agreement

I acknowledge that SOM IT has fully and duly informed me of the potential for misuse and abuse of roles and permissions pertaining to the authorization of one or multiple clinics. I will be responsible for educating the employee of the consequences of misuse and abuse of roles and permissions. I will also absolve SOM IT of all responsibility resulting from abuse and misuse of roles and permissions pertaining to the authorization of one or multiple clinics.

***Please note that it may take up to 2 business days for this request to be processed.*