# Small Clinic Technology Transition Packet

Reusable request and documentation forms for onboarding, offboarding, vendor access, computer replacement, new-location planning, account ownership, and emergency contacts.

> **Important use note**
> Do not place patient information, passwords, MFA recovery codes, or sensitive credentials directly in these forms. Store secrets in the clinic's approved password vault and reference the vault record by name.

## 1. New employee IT request

Complete only the information needed for this request. Attach supporting documentation when appropriate; do not attach passwords or patient information.

**Employee name** _____

**Job title / department** _____

**Manager** _____

**Start date and needed-by time** _____

**Primary location** _____

**Computer or shared workstation**

_____

**Email / cloud account needed** _____

**EHR role requested** _____

**Shared folders / teams / groups**

_____

**Phone / extension / fax needs** _____

**Printer / scanner needs** _____

**Remote-work or VPN needs** _____

**Approved by** _____

**Requester / authorized approver:**

_____

**Date submitted:** _____

# 2. Employee departure / access-change request

Complete only the information needed for this request. Attach supporting documentation when appropriate; do not attach passwords or patient information.

**Employee name** _____

**Manager** _____

**Last working date and access cutoff time**

_____

**Immediate or scheduled separation**

_____

**Accounts to disable** _____

**Email forwarding / delegate decision**

_____

**Files to transfer and new owner**

_____

**MFA, sessions, passkeys, and trusted devices to revoke**

_____

**VPN and remote-support access to remove**

_____

**Clinic devices / keys / badges to return**

_____

**Vendor portals and shared passwords to review**

_____

**Completed by / date** _____

**Requester / authorized approver:**

_____

**Date submitted:** _____

# 3. Vendor access request

Complete only the information needed for this request. Attach supporting documentation when appropriate; do not attach passwords or patient information.

**Vendor company** _____

**Named technician(s)** _____

**Business purpose** _____

**Systems or devices required** _____

**Access method: attended / unattended / VPN / portal**

_____

**Requested start and expiration**

_____

**MFA requirement** _____

**Logging / approval requirement**

_____

**Clinic sponsor** _____

**Removal confirmation** _____

**Requester / authorized approver:**

_____

**Date submitted:** _____

# 4. Computer replacement intake

Complete only the information needed for this request. Attach supporting documentation when appropriate; do not attach passwords or patient information.

**Current computer name / user**

_____

**Reason for replacement** _____

**Required completion date** _____

**Applications and licenses** _____

**Microsoft / Google / Zoho identity**

_____

**Shared drives and local data** _____

**Browser bookmarks or approved profiles**

_____

**Printers / scanners / label printers**

_____

**Mapped drives and scan destinations**

_____

**Encryption recovery key location**

_____

**Old-device retention or disposal**

_____

**Acceptance test and user sign-off**

_____

**Requester / authorized approver:**

_____

**Date submitted:** _____

# 5. New clinic or new-location technology checklist

Complete only the information needed for this request. Attach supporting documentation when appropriate; do not attach passwords or patient information.

**Opening / move date** _____

**Address and suite** _____

**Internet order and install date**

_____

**Firewall, switches, Wi-Fi, and guest isolation**

_____

**Workstations and rooms** _____

**Phones, fax, and messaging** _____

**Printers, scanners, and copiers**

_____

**EHR and vendor installations** _____

**Microsoft 365 / Google Workspace / Zoho Workplace**

_____

**Shared files and backup** _____

**Security cameras / access control if applicable**

_____

**Opening-day test and fallback plan**

_____

**Requester / authorized approver:**

_____

**Date submitted:** _____

# 6. Technology account ownership worksheet

Complete only the information needed for this request. Attach supporting documentation when appropriate; do not attach passwords or patient information.

**Service / system** _____

**Business purpose** _____

**Clinic legal owner** _____

**Primary administrator** _____

**Backup administrator** _____

**Billing owner** _____

**Renewal date** _____

**Recovery email / phone owner** _____

**MFA method owner** _____

**Vendor / reseller** _____

**Password-vault record name** _____

**Last recovery test** _____

**Requester / authorized approver:**

_____

**Date submitted:** _____

# 7. Emergency IT contact sheet

Complete only the information needed for this request. Attach supporting documentation when appropriate; do not attach passwords or patient information.

**Clinic owner / executive contact**

_____

**Office manager** _____

**Privacy / compliance contact** _____

**ClinicsIT contact method** _____

**Internet provider** _____

**EHR support** _____

**Microsoft / Google / Zoho support path**

_____

**Phone / fax provider** _____

**Copier / scanner vendor** _____

**Backup provider** _____

**Website / domain registrar** _____

**Cyber insurance incident contact**

_____

**After-hours building / alarm contact**

_____

**Requester / authorized approver:**

_____

**Date submitted:** _____