

Computer System Access Request Form

Fax completed Computer System Access Request Form and Confidentiality Agreement to:
Attn: **System Access** at **231-935-3215**

The User (or Practice Administrator) will be notified via email when the request is complete.

NOTE: Incomplete forms and/or missing information will be rejected

New User
 Change Access Level
 Change Name
 Termination

User Demographics

Primary Email Address:

Legal Name: Last First Middle initial

Job Title:

Certification or License (e.g. MA, LPN, RN): License Number:

Include proof of certification(s) noted above (if applicable)

Social Security # for identity verification (last 4-digits): Date of Birth:

Gender: Female Male MHC Employed Yes No

Provider NPI Number (if Provider requesting access):

Practice Name:

Street address of user's work assignment:

Phone number:

Sponsoring Physician Name: Phone number:

Sponsoring Physician Email:

Practice Administrator: Phone number:

Practice Administrator Email Address:

Applications/Software (please check access needed along with access level)

<input type="checkbox"/>	Cerner PowerChart EMR	<input type="checkbox"/> Read Only Level 1 – External (no sensitive records) <input type="checkbox"/> Read Only Level 2 – External (includes sensitive records)
<input type="checkbox"/>	eClinicalWorks	Practice(s) Needed:
<input type="checkbox"/>	HealthIntent	<input type="checkbox"/> Office Manager/Super User <input type="checkbox"/> Clinical <input type="checkbox"/> Care Manager <input type="checkbox"/> PHO <input type="checkbox"/> Regional Quality Manager <input type="checkbox"/> IT Analyst <input type="checkbox"/> Informatics <input type="checkbox"/> Provider - NPI# _____ Practice(s) Needed:
<input type="checkbox"/>	Physician Web Scheduler (PWS)	<input type="checkbox"/> Schedule all ordering physicians associated with practice listed above. <input type="checkbox"/> Limit scheduling to ordering physicians listed in Comments. <input type="checkbox"/> Browse/Inquiry Only Practice(s) Needed:
<input type="checkbox"/>	SmartWeb	Practice(s) Needed:
<input type="checkbox"/>	Other-Specify Application\Comments:	

For eligibility questions, email the Physician Liaison team at PhysicianLiaison@mhc.net