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| **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 Manager) will be notified via email when the request is complete.  **NOTE: Incomplete forms and/or missing information will result in a delay of access.** | | |
| □ New Employee □ Change Access or Work Location □ Change Name □ Termination | | |
| Employee Legal Name: Last First Middle initial | | |
| Employee Email Address: | | |
| Employee Social Security Number: Employee Gender: □ Female □ Male | | |
| Provider NPI Number: Job Title: | | |
| Credential (e.g. MD, DO, RN): License Number: | | |
| Birthdate: MHC Employee ID: (if applicable) | | |
| Phone / Fax numbers: | | |
| Practice Name: | | |
| Street address of employee’s work assignment: | | |
| Clinic Privacy Official: | | |
| Sponsoring Physician (required for non-physicians): | | |
| **Signature of Immediate Manager:** Manager Phone Number: | | |
| **Manager Email Address:** | | |
| ***Comments – Use to indicate secondary work location, notes to delete***  ***ALL access to computer programs or other information.*** | | |
|  | | |
| Applications/Software | | |
|  | Dolbey Dictation Listen ID |  |
|  | eClinicalWorks | Practice(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Email Access | Munson-Outlook |
|  | Physician Web Scheduler  (PWS) | □ Schedule all ordering physicians associated with practice listed above.  □ Limit scheduling to ordering physicians listed in Comments.  □ Browse/Inquiry Only |
|  | PowerChart  Circle requested Position Level | Read Only Level 1 – External (no sensitive records)  Read Only Level 2 – External (includes sensitive records) |
|  | NextGen  ☐ MCIR ☐ Clinical nurse manager ☐ Medical Assistant ☐ Nurse (LPN/RN/BSN) ☐Other clinical  ☐ NP/PA ☐ Physician ☐ Resident ☐ Auditor/Compliance ☐ Biller ☐ Front desk/check out ☐ Business Manager ☐ Medical Records ☐ Practice Manager  ☐ Billing Student/Intern ☐ Med Secretary Student/Intern ☐ MA/LPN/RN Student ☐ MD/DO/NP PA Student | |
|  | Other – Specify Application | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***For questions, call the Information Systems Help Desk at 231-935-6053 Revised 10.16*** | | |