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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 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)* |
| Identity Verification Pin # (*min 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) |
| 🞏 | Cerner PowerChart EMR  | 🞏 Read Only Level 1 – External (no sensitive records)🞏Read Only Level 2 – External (includes sensitive records) |
| 🞏 | **eClinicalWorks** | Practice(s) Needed: |
| 🞏 | **HealtheIntent** | 🞏Office Manager/Super User 🞏Clinical 🞏Care Manager 🞏PHO 🞏Regional Quality Manager 🞏IT Analyst 🞏Informatics 🞏Provider - NPI# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Practice(s) Needed:  |
| 🞏 | **Physician Web Scheduler****(PWS)** | 🞏Schedule all ordering physicians associated with practice listed above.🞏Limit scheduling to ordering physicians listed in Comments.🞏Browse/Inquiry OnlyPractice(s) Needed: |
| 🞏 | **SmartWeb** | Practice(s) Needed: |
| 🞏 | Other-Specify Application\Comments: |
| **For eligibility questions, email the Physician Liaison team at** **PhysicianLiaison@mhc.net *Revised 12.21*** |