

MHC Computer System Access Request Form

Fax completed Computer System Access Request Form and Confidentiality Agreement to:

Attn: Identity Access Management 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)

Residential Home Address: (Street)

Residential Home Address: (City) (State) (Zip Code)

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

ALL FIELDS ABOVE ARE MANDATORY FOR MONITORING PURPOSES

Job Title:

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

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

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"/>	Oracle Health/Cerner	<input type="checkbox"/> PowerChart EMR - external (read only) <input type="checkbox"/> Check here if working in a Skilled Nursing Facility <input type="checkbox"/> Procedure Scheduling/RevCycle
<input type="checkbox"/>	eClinicalWorks	Practice(s) Needed:
<input type="checkbox"/>	HealtheIntent	<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"/>	Other-Specify Application\Comments:	

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