

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 Read Only Level 1 – External (no sensitive records)
 Circle requested Position Level 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