



**Non-Mercy Employed Health Care Individual, Physician & Physician Staff Software Access Request Form**

<input type="checkbox"/> New <input type="checkbox"/> Add <input type="checkbox"/> Change Access  <input type="checkbox"/> Terminate Access: (Date): _____ <input type="checkbox"/> Change Name: (New Name) : _____ <input type="checkbox"/> Access Similar To: _____	<input type="checkbox"/> Physician <input type="checkbox"/> Rounds on Inpatients <input type="checkbox"/> Midlevel <input type="checkbox"/> Rounds on Inpatients <input type="checkbox"/> Student – School: _____ <input type="checkbox"/> Office Contractor: _____ <input type="checkbox"/> Scribe: _____ <input type="checkbox"/> Office Staff: _____
Clock Number: _____ (for use by I.S.) *Full Legal Name (print): _____ *JOB TITLE / Credentials: _____ *Last 4 digits of SSN: _____ *Initials: _____ *COMMUNITY OFFICE / Department: _____ *Dept. # if applicable: _____ *AUTHORIZED DESIGNEE(print name): _____ *Contact Number: _____  *AUTHORIZED DESIGNEE SIGNATURE: _____	

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**ALL BELOW IS FOR USE BY INFORMATION SERVICES ONLY:**

<input type="checkbox"/> AD	<input type="checkbox"/> VOCERA	<input type="checkbox"/> PACS ONLY	<input type="checkbox"/> PACS REFERRING	<input type="checkbox"/> MS OFFICE/EMAIL	<input type="checkbox"/> TRACEMASTER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> SHARED DRIVES:
<b>EMAIL Address:</b> _____ <input type="checkbox"/> All Doctors Distro List <input type="checkbox"/> All Midlevel Distro List <input type="checkbox"/> Community Office Managers Distro List  <b>Mobile Device Make/Model:</b> _____ <b>Mobile Phone Number:</b> _____  <b>Mobile Device Wifi Address:</b> _____  <b>User ID:</b> _____							
<b><u>EPIC TEMPLATES / SUBTEMPLATES</u></b>							
<input type="checkbox"/> T AMB PHYSICIAN – T00017 <input type="checkbox"/> T AMB NURSE PRACTITIONER – T00069 <input type="checkbox"/> T AMB PHYSICIAN ASSISTANT – T00070 <input type="checkbox"/> ST AMB CONFIDENTIAL DEPTS. – T00258 <input type="checkbox"/> ST AMB IP ACCESS - T00212		<input type="checkbox"/> T IP / OP PHYSICIAN – T1590101 <input type="checkbox"/> T IP PHYSICIAN ASSISTANT – T00347 <input type="checkbox"/> T IP INPATIENT NP – T3040301 <input type="checkbox"/> S IP RESTRICTED ACCESS – T00253 <input type="checkbox"/> ST MMC HOSPITALIST – T00533		<input type="checkbox"/> LINK SITE ADMINISTRATOR TEMPLATE #T1105101 <input type="checkbox"/> LINK PHYSICIAN TEMPLATE #T00214 <input type="checkbox"/> LINK CLINICAL USERS TEMPLATE T1100101 <input type="checkbox"/> LINK FRONT W EM – T00470 <input type="checkbox"/> LINK FRONT DESK #T1102301			
<input type="checkbox"/> T MMC SURGERY PHYSICIAN – T107000104 <input type="checkbox"/> T ASAP PHYSICIAN – T1600101 <input type="checkbox"/> T PULMONARY PHYSICIAN – T00498 <input type="checkbox"/> BEACON PHYSICIAN TEMPLATE – T1150101 <input type="checkbox"/> MERCY RADIOLOGIST SUBTEMPLATE – T00263 <input type="checkbox"/> T MMC ANE ANESTHESIOLOGIST – 1121120101 <input type="checkbox"/> T CUPID INVASIVE CARDIOLOGIST – T00036 <input type="checkbox"/> ST CUPID CARDIOLOGY PA/NP – ST1180004		<input type="checkbox"/> T IP/OP RESIDENT PHYSICIAN – T00093 <input type="checkbox"/> T IP/OP MEDICAL STUDENT – T00376					