



Mercy Medical Center Community Access Request Instructions

Print the Access Request Form

The following fields must be included for the access form to be submitted.

1. Checkmark the appropriate New/Add/Change Access
 - a. Change name include new name and old name
 - b. Termination Access
2. Access like someone who already has access in the office (another medical assistant or another nurse)
3. Check the Type of Access; physician, office staff etc.
4. Complete and Print Full Legal Name
5. Complete the Last 4 digits of the social security number
6. Complete the first, middle and last initial of the End User
7. Complete the Job Title and Credentials, example; Clerical, no Credentials or MA = Medical Assistant.
8. Complete Community Office
9. Complete and Print Supervisor name and contact number
10. Supervisor must sign the request form

Once completed the form should be returned to Kathy Gretter, Information Services, kgretter@mercycare.org via scan to an email, US postal service, courier if available.

If you have any questions please call 319.221.8408