



## Facsimile Transmittal

**To:** Intergy EHR Connect      **From:**  

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**Fax:** 360-830-1871      **Fax:**  

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**Phone:** 360-782-3947      **Phone:**  

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**Pages:**      **Date:**  

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**Re:** Access to The Doctors Clinic Intergy EHR Connect  

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New Access     Amended Access     Remove Access

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### NOTES:

Please read the entire **Facility Access Agreement** and submit a signed copy for your Practice.

Please submit a completed **Intergy EHR Connect Access Request List** form

Please submit a signed **Access User and Confidentiality Agreement** for each individual requesting access. Each person *must* sign a separate agreement. Thank-you.