

Intergy EHR Connect access request list

Please grant Intergy EHR access to those listed below. I understand as the Facility Contact Person listed below that all access is subject to **monitoring and review** by The Doctors Clinic and/or designated representatives for regulatory compliance. I acknowledge that the patient data accessed is to be used by those listed below in accordance with the Confidentially Non-Disclosure Agreement they have signed with The Doctors Clinic granting them access. The contact person listed below recognizes the responsibility to contact The Doctors Clinic when a user has left your employment or no longer requires access..

Please print legibly first and last names of all users needing access	Add \ Delee / Change	Last 4 of Soc Security (for password verification)		
	A/D/C	# # # #	Employee's Title	Email Address and phone number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Office: _____

Office Phone: _____ Fax: _____

Address: _____ Contact person _____ Email: _____

Phone: _____