



Facsimile Transmittal

To: Intergy EHR Connect **From:**

Fax: 360-830-1871 **Fax:**

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

Pages: **Date:**

Re: Access to The Doctors Clinic Intergy EHR Connect

New Access Amended Access Remove Access

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.