



SECURITY REQUEST FORM

Please complete form and email to helpdesk@prcmedical.com or fax completed form to **330-294-0331**.

TYPE OF REQUEST

- NEW USER
- MODIFY USER
- DEACTIVATE USER
- REACTIVATE USER

USER TYPE

- Provider
- Non-Physician Provider
- Non-Provider
- Resource

USER STATUS

(check all that apply)

- Full Time
- Part Time
- Incident to
- Prescribing Privileges

USER INFORMATION

Full Name: _____

E-Mail Address: _____ Job Title: _____

Client Name/ ID: _____ Location/Site: _____

DEA #: _____ Qualification: _____

EFFECTIVE DATE: _____

SECURITY ACTION

Please check all that apply:

<input type="checkbox"/> EHR Login	(For deactivation of individual EHR Login, specify login: _____)
<input type="checkbox"/> TS Login	(For deactivation of individual TS login, specify login: _____)
<input type="checkbox"/> PM+	Complete the attached PM+ security Settings form or indicate current employee to duplicate. (Note: New user will have access to all databases to which duplicated employee has access.) Employee Name: _____ PM+ ID: _____ or Template Name: _____ ID: _____
<input type="checkbox"/> Location/Site	If applicable, list all sites required by this user.
<input type="checkbox"/> Name Change	From: _____ To: _____

SCANNING ACCESS

Please check all that apply:

- Insurance Card
- Batch File

E-Prescribing

Please complete:

ADDITIONAL INFORMATION:

APPROVAL AUTHORITY

Full Name: _____

E-Mail: _____

Phone Number: _____

APPROVAL AUTHORITY'S SIGNATURE _____

DATE _____

TO BE COMPLETED BY HELPDESK

Processed: _____	Date: _____	Verified: _____	Date: _____
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