



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 (e.g. NP, PA, PT...)
- Support Staff (e.g. Front desk, biller, MA...)
- Resource (e.g. Equipment, Room...)

USER STATUS

(check all that apply)

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

EFFECTIVE DATE:**USER INFORMATION**

Full Name: _____

E-Mail Address: _____ Job Title: _____

Client Name/ ID: _____ Location/Site: _____

DEA#: _____ Qualification: _____

State License # _____ ****Must have the DEA and State License # for E-Prescribing****

SYSTEM ACCESS

Please check/circle all that apply:

<input type="checkbox"/> EHR Login	If deactivating an individual EHR Login, please specify login: _____
<input type="checkbox"/> TS Login	If deactivating an individual TS login, please list PM+ and AD logins: _____
<input type="checkbox"/> PM+	Indicate current employee ID to copy (Note: New user will have access to all databases to which duplicated employee has access.) Employee Name: _____ Employee's ID to copy: _____
<input type="checkbox"/> Name Change	From: _____ To: _____

SCANNING ACCESS

Please check all that apply:

- Insurance Card
- Batch

ADDITIONAL INFORMATION:**APPROVAL AUTHORITY**

Full Name: _____

E-Mail: _____ Phone: _____

APPROVAL AUTHORITY'S SIGNATURE _____ **DATE** _____

TO BE COMPLETED BY HELPDESK

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