



# SECURITY REQUEST FORM



Please complete form and email to [helpdesk@prcmedical.com](mailto: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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