

IRIS USER REQUEST FORM

berrien mental health authority / RIVERWOOD CENTER

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| --- | --- |
| **PROVIDER NAME:** |  |

I WOULD LIKE TO MAKE THE FOLLOWING CHANGE TO OUR LIST OF PERMISSIVE USER(S) TO ENTER CLAIMS IN IRIS:

| nAME and Title: | uSER EMAIL ADDRESS: | ADD | DELETE |
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BY REQUESTING ACCESS TO IRIS FOR THE USER(S) NAMED ABOVE, I HEREBY AGREE TO IMMEDIATELY NOTIFY THE PROVIDER NETWORK MANAGER AT BMHA IF THE INDIVIDUAL ENDS EMPLOYMENT OR IF THEY TRANSITION TO A POSITION THAT WOULD NO LONGER REQUIRE ACCESS TO THE CLAIMS SYSTEM FOR THEIR JOB FUNCTIONS. I FURTHER AGREE THAT ALL USER NAMES AND PASSWORDS MUST BE USED ONLY BY THE PERSON IT HAS BEEN ASSIGNED, VIOLATION OF THIS PROVISION MAY RESULT IN SANCTIONS.

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DATE SIGNATURE OF SUPERVISOR

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PRINTED NAME / TITLE

PLEASE FORWARD COMPLETED FORMS TO: [Amy.Groom@RIVERWOODCENTER.ORG](mailto:Amy.Groom@RIVERWOODCENTER.ORG) FAX 269.934.3388

**For Internal Use Only:** ❒ Add/Delete User ❒ Notified Provider/User Date: \_\_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_

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