IRIS USER REQUEST FORM

Berrien Mental Health Authority/Riverwood Center

NOTICE: For security and audit compliance, access to the EHR (IRIS) will only be granted to individually assigned email addresses; requests using share, group, or mailing list addresses will be denied without exception.

PROVIDER NAME: _____

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

USER FIRST & LAST NAME:	USER TITLE:	USER EMAIL ADDRESS:	ADD	DELETE
			☐	☐
			☐	☐
			☐	☐

BY REQUESTING ACCESS TO IRIS FOR THE USER(S) NAMED ABOVE, I HEREBY AGREE TO IMMEDIATELY NOTIFY BOTH externalclaims@riverwoodcenter.org AND contracts@riverwoodcenter.org 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.

_____ _____

DATE SIGNATURE OF SUPERVISOR

_____

PRINTED NAME / TITLE

PLEASE FORWARD COMPLETED FORMS TO: Email: externalclaims@riverwoodcenter.org or FAX: 269.934.3388

***Please note that if the form is not legible, it will be returned. ***