



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 / Agency Name: _____

I would like to make the following change to our list of permissive users to enter / view claims in IRIS:

User First & Last Name	Title	Email Address

☐ Delete	☐ Add	☐ Needs 837 permission
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User First & Last Name	Title	Email Address
☐ Delete	☐ Add	☐ Needs 837 permission

User First & Last Name	Title	Email Address
☐ Delete	☐ Add	☐ Needs 837 permission

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 IRIS claims system for their job function. I further agree that all usernames and passwords must be used only by the person it has been assigned to. VIOLATION OF THIS PROVISION MAY RESULT IN SANCTIONS.

Signature of Supervisor

Date: _____

Printed Name / Title

Forward completed forms to: externalclaims@riverwoodcenter.org or fax: 269:934-3388

Please note: Users must log in at least once every 30 days to avoid being deactivated. If you need to be re-activated, contact the email address above.