*Please fax completed documents to **360-729-3003**.*

Print Form

PeaceHealth

Community Partner Access – User Setup Request

Step 1: Complete this *CPA User Setup Request* and sign and date the *Confidentiality Agreement*.

Step 2: Fax the completed documents listed above to 360-729-3003.

PeaceHealth requires all the following information to obtain access to its information systems. Incomplete forms may be returned and will delay access.

USER INFORMATION:

User Setup Requested for:

Legal First Name	MI	Last Name

Preferred First Name	Date of Birth *(MM/DD/YYYY)*	Last 4 of SSN

Position/Job Title	Employer Name *(i.e., not PeaceHealth)*

User's Work Phone Number	Employer Address

User's Email Address	City	State	ZIP Code

SYSTEM ACCESS:

New User's Location & Setup Like:

Primary Clinic Name *(If different than employer.)*

Additional Clinic Names

New User Setup Like *(Full Name or 3x3)*

Supervisor or Responsible User:

Supervisor or Responsible User's Name

Supervisor or Responsible User's Work Phone Number

Supervisor or Responsible User's Email Address

Who should be contacted via email with login credentials once setup is complete? *(Check all that apply.)*

☐ User   ☐ Supervisor or Responsible User   ☐ Other: _____

Access is Requested for the Following Applications:

☐ CareConnect / PH Link (Epic)   ☐ Fuji Synapse

☐ Other: _____

National Provider Identifier (NPI) required for all providers—mid-level and above.

NPI: _____

I certify that the above is accurate and complete.

*Please complete the information below **by hand**.*
Must be an original signature. DO NOT COPY & PASTE.

User's Signature	Employer Identification Number *(EIN)*	Date *(MM/DD/YYYY)*

Supervisor or Responsible User's Signature	Responsible User's Name *(if different)*	Date *(MM/DD/YYYY)*

July 2020