

## Mercy Medical Center Community Access Request Instructions

1. Print the Access Request Form
2. The following fields must be included for the access form to be submitted:
  - a. Checkmark the appropriate New/Add/Change Access
    - a. Change name include new name and old name
    - b. Termination access
  - b. Access like someone who already has access in the office (please put employee name the access should be like)
  - c. Check the type of access: physician, office staff etc.
  - d. Print Full Legal Name
  - e. Print the Last 4 digits of the social security number (*this is required*)
  - f. Provide the first, middle and last initial of the End User
  - g. Print the job title and credentials
  - h. Print community office name
  - i. Print supervisor name and contact number
  - j. *Supervisor/Authorized organization representative* must sign the request form
3. Once completed, please return to Mercy's Information Services department, via email at [communityitaccess@mercyare.org](mailto:communityitaccess@mercyare.org), US postal service, or courier if available. If you have questions please call 319.861.7777 or email [communityitaccess@mercyare.org](mailto:communityitaccess@mercyare.org).