

**Meditech/CPCS Access Request  
Physician/Resident/Allied Health Professional**

<i>Last Name:</i> _____			<i>First Name:</i> _____			<i>MI:</i> _____		
<i>Title:</i> <input type="checkbox"/> MD/DO/DDS <input type="checkbox"/> Resident <input type="checkbox"/> NP <input type="checkbox"/> PA			<i>Specialty:</i> _____					
<i>Phone:</i> _____			<i>Pager:</i> _____			<i>Fax:</i> _____		

**GROUP/CALL PARTNER AFFILIATION:**

I am aware of policy IS.AA.010 that states: “All physicians, except hospital-based (radiologist, pathologist, anesthesiologist and ER physicians), must be restricted to a specific group for access to only those patients associated with the group. A Group is defined as an entity of practitioners with financial interdependence. The group restriction must always be restricted to the smallest possible coverage. If no financial interdependence exists, both parties must complete an agreement to allow for cross-coverage and access to each others’ patient information”. I acknowledge that by listing the physicians below the physician(s) listed and their office staff will have access to my patients’ records within CPCS and that I have such an agreement as described above with these physician.

\_\_\_\_\_ *Signature* \_\_\_\_\_ *Date*

Group Name (if applicable): \_\_\_\_\_

Group Members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Call Partners not included above:

\_\_\_\_\_

Office Manager/Contact: \_\_\_\_\_

**Please fax completed paperwork to the Help Desk at 901-1997.**

**Help Desk Phone 901-HELP (4357)**

**Please note that Meditech/CPCS training is REQUIRED.**

INFORMATION SERVICES USE ONLY	
User ID:	Template Used:
Training Scheduled:	USD Profile: