



## IHP Request Form for Account Creation

<b>Account(s) Request</b> (select any of the following):		
<input type="checkbox"/> Patient Ping	<input type="checkbox"/> Wellcentive	<input type="checkbox"/> Sharepoint

**Name** (include credentials if applicable [MD, RN, BSN, CCM, MCM, etc.])

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**Email address** (specific to you only)

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**Office Name** (if applicable, please list all offices to be included to your account)

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User Type (select one of the following types):

- |   |   |
|---|---|
| <input type="checkbox"/> Clinical Support     | <input type="checkbox"/> Care Manager   |
| <input type="checkbox"/> Non-Clinical Support | <input type="checkbox"/> Office Manager |

<b>IHP STAFF USE ONLY</b>			
	<b>Patient Ping</b>	<b>Wellcentive</b>	<b>Sharepoint</b>
Account Creation Form Received	Date: _____	Date: _____	Date: _____
Confidentiality Agreement Received	Date: _____	Date: _____	Date: _____
Account Created	Date: _____	Date: _____	Date: _____
User Notified	Date: _____	Date: _____	Date: _____
User Account Terminated	Date: _____	Date: _____	Date: _____

**\*\*Each field must be filled out. Submitting an incomplete form will increase the time required to process your request.**

**\*\*Please fax your form back to 269-425-7167**