



IHP Request Form for Account Creation

Account(s) Request (select any of the following):

Bamboo Health (Patient Ping) Sharepoint

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

Email address (specific to you only)

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

User Type (select one of the following types):

- Clinical Support Care Manager
 Non-Clinical Support Office Manager

IHP STAFF USE ONLY		
	Bamboo Health	Sharepoint
Account Creation Form Received	Date: _____	Date: _____
Confidentiality Agreement Received	Date: _____	Date: _____
Account Created	Date: _____	Date: _____
User Notified	Date: _____	Date: _____
User Account Terminated	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**