IHP Request Form for Account Creation

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

☐ HealthFocus ☐ SharePoint

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

_____

Email Address* (specific to you only)

_____

Phone Number* (direct line or office line; include ext. if applicable)

_____

Fax Number (office fax)

_____

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

_____

User Type (select one of the following types):

☐ Clinical Support ☐ Care Manager ☐ Non-Clinical Support ☐ Office Manager

IHP STAFF USE ONLY

	HealthFocus	**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 remember to alert IHP when a user is no longer part of your office, so account access can be terminated.**

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

- OR -

Attach to an email and send to: **HIS_Ticket@integratedhealthpartners.net**