



Methodist Le Bonheur Healthcare (MLH)
System Access Request Form
Please complete the required fields (*)
Incomplete forms will not be processed.
Email form to posupport@myhealthchoice.com

Request Type: Select one. Provide MLH login ID to change role, disable access or re-activate access

☐ New User ☐ Role Change ☐ Disable Access ☐ Re-Activate Access MLH Login ID _____

User Information

*Legal Last Name _____ *Legal First Name _____ *MI _____

*Select Current License/Role: RN _____ LPN _____ MA _____ MD _____ NP/PA _____ Office Staff Other _____

Maiden Name _____ *Birth Month/Birth Day _____ / _____ *Last 4 SSN _____

*Phone _____ *Fax _____ *Email _____

*Practice Name _____

*Practice Address _____

I, _____, the physician, or the physician authorized representative, have read and understand the "Confidentiality Agreement Regarding Access to Electronic Medical Records" (the "Agreement") located on www.methodistmd.org in its entirety. By signing below, I hereby adopt the Agreement and agree to all the obligations described for the practice members as outlined in the Agreement, and any amendments agreed upon by the Practice member.

*User Signature _____ *Date _____

***Please answer ONE of the following so that Methodist Information Systems can identify you when contacting the Helpdesk.
Please do not share this answer with anyone.**

Mother's Maiden Name _____ Best Friend's Name _____ Favorite Color _____

***Please select the user's role (only one can be assigned)**

<input type="checkbox"/> Physician Office Clinical	This role CAN'T search. User must obtain Proxy Patient list from staff with search rights.
<input type="checkbox"/> Physician Office Manager	ONLY Methodist credentialed providers' staff. They can Search and Proxy Patient list for staff. This role is limited by the number of Methodist credentialed providers.
<input type="checkbox"/> Physician Office Manager with Proposed Orders	ONLY Methodist credentialed Surgeons' staff can request this role. This role can Proxy Patient list for staff and has Propose PowerPlans rights. This role is limited by the number of Methodist credentialed Surgeons.
<input type="checkbox"/> Physician Office Manager with Anesthesia	ONLY Methodist credentialed Anesthesia providers' staff can request this role.
<input type="checkbox"/> St. Jude	ONLY Methodist credentialed St. Jude providers' staff can request this role.
<input type="checkbox"/> MLH Billing Agency	ONLY Billing Agencies contracted by MLH can request this role.

Credentialed Provider/Practice Manager/Site Manager Use Only

*Credentialed Provider/Practice Manager/Site Manager Name _____

*Email Address _____

*Signature _____ *Date _____

HealthChoice Use Only

*Authorized HealthChoice Name _____

*Signature _____ *Date _____