Community Connect - Access Request Form

Community Connect

4600 Campus Drive, Suite 101
Newport Beach, CA 92660

Phone: 949-272-3821
Fax: 714-784-7488
www.elmconnect.com/community

Dear Physician / Office Manager,

Thank you for your interest in Community Connect. Registration is fast and easy - please complete the fields below, and we will follow up with you to provide you with secure access. Please note that **all information must be provided** to receive a login.

First Name:	
Last Name:	
Title:	
Practice Name:	
Office Address:	
City:	
State:	
Zip Code:	
Office Phone #	
Alternate Phone #	
Fax #	
Main Practice E-Mail Address:	
Individual E-Mail Address (all Community Connect e-mail notifications will be sent to this address):	
*** Medical License #**	
*** NPI #**	

* If you are the Office Manager, please provide the Medical License # and NPI # of the practice physician

Type / Print Name of Primary Practice Physician

Signature of Primary Practice Physician

Secret Question (Please answer TWO of the following questions.)	
City you grew up in?	
Name of elementary school?	
Favorite sport?	
Favorite actor/actress?	

Signature of User Requesting Access

Date

Please fax completed forms to 714-784-7479 or 949-399-5381. If you have any questions please contact Randall Louie, Project Manager at 949-272-3821 or randalll@elmconnect.com.

Community Connect - Access Request Form - Page 3 (optional)

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Dear Office Manager,

If you are requesting access to Clinic Connect for non-physician staff members, please complete this form and fax it to 714-784-7488 or 949-399-5381.

Practice Name:	
NPI #(s)	

Signature of Office Manager requesting access for Additional User(s) below _____ Date _____

Additional non-physician staff User #1

Name:	
Phone #	
E-Mail Address:	

Secret Question (Please answer TWO of the following questions.)	
Name of elementary school?	
Favorite sport?	
Favorite actor/actress?	

Please complete the following section if there is more than one physician in the Practice.

Access to information for all practice physicians (please check one): ☐ Yes ☐ No

If "no" is checked above, please list the physicians that the user should have access on behalf of :

Additional non-physician staff User #2

Name:	
Phone #	
E-Mail Address:	

Secret Question (Please answer TWO of the following questions.)	
Name of elementary school?	
Favorite sport?	
Favorite actor/actress?	

Please complete the following section if there is more than one physician in the Practice.

Access to information for all practice physicians (please check one): ☐ Yes ☐ No

If "no" is checked above, please list the physicians that the user should have access on behalf of :

Community Connect - Access Request Form - Page 2 (optional)

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Dear Physician / Office Manager,

If you are requesting access to Clinic Connect on behalf of a physician other than the physician listed on page 1, please complete the fields below.

Practice Name:

Your Name:

Additional Physician #1

Physician Name:

Medical License #:

NPI #:

Signature of Additional Physician #1 Date

Additional Physician #2

Physician Name:

Medical License #:

NPI #:

Signature of Additional Physician #2 Date

Additional Physician #3

Physician Name:

Medical License #:

NPI #:

Signature of Additional Physician #3 Date

Additional Physician #4

Physician Name:

Medical License #:

NPI #:

Signature of Additional Physician #4 Date

Additional Physician #5

Physician Name:

Medical License #:

NPI #:

Signature of Additional Physician #5 Date

Please fax completed forms to 714-784-7479 or 949-399-5381. If you have any questions please contact Randall Louie, Project Manager at 949-272-3821 or randalll@elmconnect.com.