



HEALTH CARE

McLaren Electronic Medical Record (EMR) Access Request Form: Non-McLaren Employee

Requestor: Click or tap here to enter text. **Company:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

New Sign-on **Modify Sign-on** **Terminate Sign-on**

McLaren Access And Confidentiality Acknowledgement Form Submitted with new sign-on request
[Click here to access form](#)

EMR User Information

Legal First Name: Click or tap here to enter text.

Middle Initial: Click or tap here to enter text.

Last Name: Click or tap here to enter text.

Job Title: Click or tap here to enter text.

Cell Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

McLaren Site and EMR

One McLaren Cerner	Cerner	Paragon	Meditech
<input type="checkbox"/> Bay <input type="checkbox"/> Oakland <input type="checkbox"/> Lansing <input type="checkbox"/> Flint <input type="checkbox"/> Lapeer <input type="checkbox"/> Central <input type="checkbox"/> Macomb	<input type="checkbox"/> Northern <input type="checkbox"/> Karmanos <input type="checkbox"/> St. Luke's	<input type="checkbox"/> Click or tap here to enter text.	<input type="checkbox"/> Port Huron <div data-bbox="1161 1150 1537 1207" style="background-color: #f2f2f2; text-align: center;">Evident</div> <input type="checkbox"/> Thumb <div data-bbox="1161 1291 1537 1348" style="background-color: #f2f2f2; text-align: center;">Health Land</div> <input type="checkbox"/> Caro <div data-bbox="1161 1432 1537 1488" style="background-color: #f2f2f2; text-align: center;">AllScripts</div> <input type="checkbox"/> MMG

Additional Information: Click or tap here to enter text.

Submit this completed form along with McLaren Access And Confidentiality Acknowledgement form to: Privacy@mclaren.org