



OTHER FACILITIES ACCESS REQUEST TO ANTHC COMPUTER SYSTEMS
ANTHC Health Information & Technology, Service Center

Fax: (907) 729-8799 / Phone: (907) 729-2626 / E-mail: access@anthc.org

(Please TYPE or PRINT CLEARLY)

Important FAQ's to know:

For Users: If you already have access to ANTHC Computer Systems and need a password reset, you will need to contact the ANTHC Service Center at 729-2626.

For Supervisors: When an employee of your organization no longer is employed, please notify ANTHC Service Center and request a Deactivation of access.

*****Please help us by faxing requests individually when using 907-729-8799*****

A work order will be generated automatically and your request will be processed.

ACCESS INFORMATION -

REQUESTING ACCESS

LIS SoftWeb →

ANMC Provider Portal →

Network log in Account

RPMS

Other: _____(i.e. iCare)

DEACTIVATE ACCESS

End Date: _____

End Date: _____

End Date: _____

End Date: _____

End Date: _____

NAME CHANGE

Previous Name: _____

USER INFORMATION - All Information Required and filled in by USER.

User Status: Full Time Temporary: Temp Begin: _____ Temp End: _____

Legal Last Name: _____ Legal First Name: _____ M. I. : _____

Job Title: _____ Organization: (ie: BBAHC, YKHC, etc.) _____

Organization - E-mail Address: _____ Work Phone: _____

City of Birth: _____ (User: Please create a 4-digit personal identification number.)

4-Digit PIN Number: _____

MD'S & MID-LEVEL PROVIDER INFORMATION - REQUIRED. A Mid-level provider is: ANP, FNP, NP, PA, CNM.

AK License #: _____ NPI #: _____

*******USER- PLEASE READ and SIGN*******

I have been instructed and fully understand that the information stored and processed on ANTHC computers and computer systems includes confidential patient medical data and other confidential patient and employee data governed by the Privacy Act. I hereby assume responsibility for the proper and confidential use of ANTHC computers and computer systems and agree to abide by all the applicable provisions of that Privacy Act.

I have been instructed and fully understand that the access and verify codes given to me are for the purpose of granting me access to the computer system. **The codes are for my use only and must be kept secret. Neither the codes nor the access granted is to be shared with anyone else.**

User Signature / Date:

User Name Printed

Supervisor or Sponsor Signature & Date

Supervisor or Sponsor Name Printed

Supervisor or Sponsor Phone / Fax

Supervisor or Sponsor E-mail address