



Therap Access Request

Individual in Services: _____

Person requesting: _____

Relationship to Individual: _____

Address: _____

Phone:

Home: _____

Work: _____

Mobile: _____

Email: _____

I understand that Mission Mountain Enterprises, Inc. (MME) will assign the login and password that is needed to get into the specific information for only the individual requested.

To maintain and ensure the confidentiality of the individual served and the employees providing the care I will not give out this login information to anyone else. I understand that my access is a privilege that will be revoked if I allow anyone but the above named person access to this data.

Signature: _____ Date: _____