



**Indiana  
Department  
of  
Health**



Eric J. Holcomb  
*Governor*

Lindsay M. Weaver, MD, FACEP  
*State Health Commissioner*

## MEMORANDUM

**Date:** October 30, 2024  
**To:** IN-BCCP Provider  
**From:** Julie Gries, MS, Cancer Section Director  
**Subject:** Adding IN-BCCP provider staff to the Indiana Med-IT implementation

Please provide the following information when requesting access to the IN-BCCP Med-IT system. Through submission of this information, consent to add providers is given.

If access to other provider information for IN-BCCP clients that are referred for other services (i.e. receives a pap at your facility but receives a mammography elsewhere), provide request names of typical referral facilities. This will only grant access to see client information for mutually shared IN-BCCP clients.

<b>Facility name:</b>					
<b>Facility Address:</b>					
<b>Facility Phone:</b>					
Requester Name	Requestor Clinical Role	Facility/ Clinic	Email Address	Street Address	Phone
<b>Possible referral facility access requested:</b>					

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.