



Alerts User Form

Facility Name: _____

Fill in the information below to set up providers and other staff for Alerts. If a provider would like to delegate their alerts to other staff either through the badge or direct mail, please fill out the form "Alerts Delegation". **

Provider Name or Other Staff Name	Delivery Method	Direct Mail Address:	Direct Mail Alerts
	<input type="checkbox"/> – Direct Mail <input type="checkbox"/> – Real Time <input type="checkbox"/> – Daily Digest <input type="checkbox"/> – myAlerts Badge <input type="checkbox"/> – Text Message	Mobile Phone: _____	<input type="checkbox"/> – Consent Based <input type="checkbox"/> – Provider Based (NPI Required) NPI: _____

	<input type="checkbox"/> – Direct Mail <input type="checkbox"/> – Real Time <input type="checkbox"/> – Daily Digest <input type="checkbox"/> – myAlerts Badge <input type="checkbox"/> – Text Message	Direct Mail Address: Mobile Phone: _____	Direct Mail Alerts <input type="checkbox"/> – Consent Based <input type="checkbox"/> – Provider Based (NPI Required) NPI: _____
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	<input type="checkbox"/> – Direct Mail <input type="checkbox"/> – Real Time <input type="checkbox"/> – Daily Digest <input type="checkbox"/> – myAlerts Badge <input type="checkbox"/> – Text Message	Direct Mail Address: Mobile Phone: _____	Direct Mail Alerts <input type="checkbox"/> – Consent Based <input type="checkbox"/> – Provider Based (NPI Required) NPI: _____
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****Default alerting types are Inpatient Admissions/Cancellations, Inpatient Discharges/Cancellations & Emergency Department Admissions/Cancellations. Additional alerting configurations are available by request via the Alerts Additional Configurations form.**

RHIO Administrator: _____ RHIO Administrator Signature: _____

Return this form to HealthConnections Support: Email: support@healthconnections.org Fax: 1-315-407-0053