Alerts Delegation Form

Provider Information	
Provider Name:	
Provider NPI:	
Name of Practice/Organization (Primary):	
Please list additional organizations or facilities:	

Delegate Information			
Delegate Name	Delegate HealtheConnections Username	Delivery Method	Direct Mail Address (if applicable)
		□ – Direct Mail □ – Real Time □ – Daily Digest □ – myAlerts Badge	
		□ – Direct Mail □ – Real Time □ – Daily Digest □ – myAlerts Badge	

I authorize the delegate(s) above to receive and view alerts on my behalf.

_____ _____

Provider Signature Date

_____ _____

RHIO Administrator Signature Date

Completed forms may be returned to support@healtheconnections.org or faxed to (315) 407-0053.

PLEASE NOTE: If the provider treats patients at multiple facilities, Alerts will display all patient alerts from all facilities.