



Authorized User Change Form

* indicates required field

* Last Name	* First Name	* Middle Initial

*** Participating Organization**

*** HIE User Account Name, if known:**

Please apply the following to the above Authorized User:

Terminate all access effective: _____

Suspend Patient Lookup account until the following date: _____

Terminate Patient Lookup account access as of: _____

Terminate Direct (Secure) Messaging account access as of: _____

Terminate NYSIIS Immunization Query access as of: _____

Terminate Results Delivery access as of: _____

Results Delivery via EMR

Results Delivery via Direct (Secure) Messaging

Update Name and / or Username for the above Authorized User:

Update Name and / or Username as of: _____

Change name to: _____

Change User Id (Username) to: _____

**** If user name is already taken, we will provide you a username that closely resembles your requested user name ****

RHIO Administrator Signature:

Authorizing Signature:

Date:

Authorizing Signature's Email Address:

Title:

PLEASE SUBMIT TO SUPPORT@HEALTHCONNECTIONS.ORG OR FAX TO 1-315-407-0053