HealtheConnections®

Added Functionality Bulk User Form

** indicates required field*

*** Participating Organization**

Please apply the following additional functions to the below Authorized User(s):

User Name	Direct Mail	Community Referrals	Perinatal Referrals	Transfer to PACS
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

RHIO Administrator / Account Manager Signature:

Authorizing Signature: *Date:*

Authorizing Signature's Email Address: *Title:*

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