



Interest and Profile

Practice Name: _____

Organization NPI: _____

Primary Location Address: _____

Complete the information below and return to: support@healthconnections.org or fax to 315.407.0053

I am interested in: (Check all applicable boxes)	<input type="checkbox"/> Community-Wide Patient Lookup	View consolidated patient medical records in the Provider Portal, including lab reports and images
	<input type="checkbox"/> Delivery of Results to my EHR	Automated delivery of patient records where provider is "named" to connected EHRs
	<input type="checkbox"/> Meaningful Use	Advisory services to achieve Meaningful Use
	<input type="checkbox"/> myResults	Summary view of clinical results in the Provider Portal, where a provider is "named"
	<input type="checkbox"/> Direct Mail (Secure Messaging)	Exchange clinical data through secure mail
	<input type="checkbox"/> Sending and Receiving CCDs	Exchange of patient records between the HIE and connected EHRs
	<input type="checkbox"/> NYSIS Immunization Query	Access to the NYS Immunization Registry
	<input type="checkbox"/> myAlerts	Patient activity notifications sent to providers for Emergency Department encounters, in-patient hospital admissions and discharges
	<input type="checkbox"/> Sending Perinatal Referrals	Referring prenatal, postnatal, and infant clients to services

Participant Information	
Office type (e.g., Primary Care, Specialty Type, etc.):	
Other office locations (use additional sheet if needed):	
NYSIS ID #, if known (typically 4-5 characters in length):	
EHR Name:	
Primary Contact:	
Phone:	
Email:	
RHIO Administrator Name:	
Phone:	
Email:	
Audit Reports Recipient Name:	
Phone:	
Email:	
Safety Net Provider? Check one:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a PCMH? Check one:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Title 42 Provider? Check one:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Number of Non-Credentialed Staff:	
Please attach a list of all Credentialed Staff (MD, DO, DMD, OD, DPM, DC, DDS, NP, PA, CNM, CPNA, Resident). Include NAME, NPI, and CREDENTIALS.	
How did you learn about HealthConnections?:	

See second page to complete information on your referring partners and lab vendors.



Lab Vendor:

Which lab vendor do you use?:	
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Referring Partners:

Referral Partner	Referral Contact Name	Referral Phone/Email

Practice Provider List:

Provider Name	NPI	Credentials