



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](mailto:SUPPORT@HEALTHCONNECTIONS.ORG) OR FAX TO 1-315-407-0053**