myAlerts User Form

Facility Name:_____

Fill in the information below to set up a provider for myAlerts. Check off the alert type each provider would like to receive (*In-patient Admit, In-patient Discharge, Emergency Department Registration*). Check *Daily Digest* if the provider wants to receive a summary list of all alerts from the previous 24 hours.

Provider Name	Direct Address	Mobile Phone Number	In-patient Admit	In-patient Discharge	ED Registration	Daily Digest
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐

RHIO Administrator:_____

RHIO Administrator Signature:_____

Return this form to HealtheConnections Support:

Email: support@healtheconnections.org
Fax: 1-315-407-0053

If you have additional providers, please contact HealtheConnections Support