



Alerts User Form

* indicates required field

| | | |
|--------------------|---------------------|-----------------------|
| * Last Name | * First Name | Middle Initial |
| | | |

| | | |
|----------------|---|------------------|
| * Title | * Credentials, if any (MD, DO, etc.) | Specialty |
| | | |

*** Participating Organization**

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

Consent Based Alerts Options (Alerts for ALL patients consented at organization level):

Direct Mail **
 myAlerts Badge

 Real Time
 Alerts via badge are limited to 1 organization.
 Daily Digest

**** Direct Mail Address for Alerts to be delivered to: (leave blank if requesting new HealtheConnections Secure Mail account):**

Provider Based Alerts Options (Alerts for providers named on report):

Direct Mail **

 Real Time

 Daily Digest

**** Direct Mail Address for Alerts to be delivered to: (leave blank if requesting new HealtheConnections Secure Mail account):**

By signing this document, I confirm that I have completed HIE training, read & understand the HIE access policies:

Signature*:

Date:

RHIO Administrator

Authorizing Signature*:

Date:

**Authorizing Signature's
Email Address:**

Title:

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