



Authorized User Change Form

** indicates required field*

*** Last Name**

*** First Name**

Middle Initial

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*** Participating Organization**

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*** HIE Username**

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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 myAlerts 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:**

***Date:**

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