



myPopHealth Enrollment Form

Authorized User Information	
Authorized User Full Name:	
HealthConnections Username:	
Name of Health Department:	
Direct Mail Email Address:	
If you do not have a Direct Mail email address, list a regular email address:	

By signing this document, I confirm that I am requesting access to myPopHealth:

Signature:

Date:

Photo ID Type (e.g., Driver's License):

ID Number:

By signing this document, I, the RHIO Administrator, approve access to myPopHealth for the user noted above:

Authorizing Signature:

Date:

Authorizing Signature's Email Address:

Title:

Please submit to support@healthconnections.org or fax to 1-315-407-0053.