



Authorized User Change Form

** indicates required field*

* Last Name

* First Name

Middle Initial

* Participating Organization

* HIE Username

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:

Add RHIO Administrator to existing user account:

Add Audit Report Recipient to existing user account:

Remove RHIO Administrator from existing user account:

Remove Audit Report Recipient from existing user account:

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