



Alerts Additional Configuration Form

Additional Alert Types		
Emergency Department Discharge/Cancellation	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Facility Alert Source Exclusion List		
Auburn Community Hospital	Exclude <input type="checkbox"/>	Receive <input type="checkbox"/>
Carthage Area Hospital	Exclude <input type="checkbox"/>	Receive <input type="checkbox"/>
Claxton Hepburn Medical Center	Exclude <input type="checkbox"/>	Receive <input type="checkbox"/>
Clifton Fine Hospital	Exclude <input type="checkbox"/>	Receive <input type="checkbox"/>
Community Memorial Hospital	Exclude <input type="checkbox"/>	Receive <input type="checkbox"/>
Cortland Regional Medical Center	Exclude <input type="checkbox"/>	Receive <input type="checkbox"/>
Crouse Hospital	Exclude <input type="checkbox"/>	Receive <input type="checkbox"/>
Faxton St Luke’s Healthcare-	Exclude <input type="checkbox"/>	Receive <input type="checkbox"/>
Lewis County General Hospital	Exclude <input type="checkbox"/>	Receive <input type="checkbox"/>
Massena Memorial Hospital	Exclude <input type="checkbox"/>	Receive <input type="checkbox"/>
Oswego Health	Exclude <input type="checkbox"/>	Receive <input type="checkbox"/>
River Hospital	Exclude <input type="checkbox"/>	Receive <input type="checkbox"/>
Rome Memorial Hospital	Exclude <input type="checkbox"/>	Receive <input type="checkbox"/>
Samaritan Medical Center	Exclude <input type="checkbox"/>	Receive <input type="checkbox"/>
St. Elizabeth’s Medical Center	Exclude <input type="checkbox"/>	Receive <input type="checkbox"/>
St. Joseph’s Hospital Health Center	Exclude <input type="checkbox"/>	Receive <input type="checkbox"/>
St. Joseph’s Hospital Health Center Comprehensive Psychiatric Emergency Program (CPEP)	Exclude <input type="checkbox"/>	Receive <input type="checkbox"/>
Upstate University Hospital	Exclude <input type="checkbox"/>	Receive <input type="checkbox"/>

Please complete page 2 before submission~



**For Consent based/ patient list alerts, any data sources excluded will be excluded for ALL users at that organization. For Provider Based alerts, exclusions can be made BY PROVIDER. In this case, please submit this form for each provider and indicate the provider's name and NPI.

Provider Signature

Date

RHIO Administrator Signature

Date

Completed forms may be returned to support@healthconnections.org or faxed to (315) 407-0053.