



# Alerts User Form

\* indicates required field

<b>* Last Name</b>	<b>* First Name</b>	<b>* Middle Initial</b>

<b>* Title</b>	<b>* Credentials, if any (MD, DO, etc.)</b>	<b>Specialty</b>

**\* 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 HealthConnections 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 HealthConnections 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](mailto:SUPPORT@HEALTHCONNECTIONS.ORG) OR FAX TO 1-315-407-0053.**