



## New Authorized User Certification and Application Process

Individuals must request access to an account with HealtheConnections through the New Authorized User Certification and Application online form.

On the “Register as a New User” page, the user will enter information about themselves, the organization and specific location at which they work, and request the services they would like to use.

A red asterisk (\*) indicates a required field.

Additional information is available by hovering over the (?) icon.

### Individual Information

First Name \*

Middle Initial or Name

Last Name \*

Email \* ?

Phone

Title \*

Credentials \* --None--

NPI

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### Organization Information

Participating Organization \* ?

Department (if applicable)

Street Address \* ?

City \*

State \* --None--

Zip Code \*



## Individual Information

The first section requires the following information from the user:

- First Name \*
- Middle Initial or Name
- Last Name \*
- Email \* (*preferred email address is work email*)
- Phone Number \*
- Title \*
- Credentials \* (*if individual does not have credentials, N/A – Not Provider should be selected*)
- NPI (*the NPI is not a required field, but if the credentialed user does have an NPI, they should indicate it here*)

## Organization Information

The second section requires information about the organization the user is requesting an account for. If the user works at more than one organization, they must submit an account request for every organization (legal entity) where they intend to use HealthConnections services.

- Participating Organization \*
- Department (if applicable)
- Street Address \*
- City \*
- State \* (*Note that NY is the default choice*)
- Zip \*

## User and Services Information

In this section, the individual requesting access will explain the type of access they need.

- Preferred Username (*this will be used, if available*)
- Existing or Previous User Account Access \*
  - Selections available for this field are:
    1. Never Had HealthConnections Access
      - a. Use if never had access to HealthConnections.
    2. Currently Have HealthConnections Access
      - a. Use if currently have access to HealthConnections under one organization and need to get access through another organization.
      - b. You will be asked to provide your username.
    3. Previously Had HealthConnections Access
      - a. Use if you had access to HealthConnections in the past and need to reinstate access at either the same or a new organization.
      - b. You will be asked to provide your username, if known.
    4. Unknown/Uncertain
- Did you attend or watch a video of a New User Training webinar session? \*
  - a. If you select “Yes”, you will be prompted to enter a date.
- Patient Lookup Access Type \*



This selection identifies the primary account type that the individual requesting access will be provisioned with upon approval. Selections available are:

1. Clinical Records
2. Patient Demographics Only
  - a. Select if individual does not need access to patient records, but may need to manage consent or view patient demographics only.
3. Public Health
  - a. This option should only be selected if the individual requesting access is employed by a Public Health entity (i.e., local health department) and works in a department or program that is not required to collect consent (non-clinic).
4. Organ Procurement/Transplant Services
  - a. This option should only be selected if the individual requesting access is employed by an Organ Procurement or Transplant Services facility.

### **Additional Services Requested**

In this section the individual requesting access will indicate which options they would like to have provisioned on their account:

- Direct Mail
- Perinatal Referrals (Onondaga County)
- Transfer to PACS (TTP)
- SSO (available for Soarian users only – provide Soarian username)
- Consent Based Alerts (select all that apply)
  - CBA – Direct Mail – Daily Digest
  - CBA – Direct Mail – Real Time
  - CBA – myAlerts Badge
- Provider Based Alerts (select all that apply)
  - PBA – Direct Mail – Daily Digest
  - PBA – Direct Mail – Real Time
  - PBA – myAlerts Badge
- Direct Mail Address for Alerting
- Alerting Delegation
- myResults Delegation
- RHIO Administrator
- Audit Contact
- Comments/Notes



## Policies and Procedures / Attestations

In the final section of the webform, the individual requesting access will need to attest that all the information is correct, and that they are an authorized employee of the organization they're requesting for.

**It is critically important that all users read and understand the Required Policies and Procedures for access to HealthConnections.** The final attestation box is their confirmation that they have done so. It is NOT available to check until the individual clicks on the Required Policies and Procedures button and reviews the document.

By checking this box, I attest that I am an authorized employee of the above organization and confirm all the above information is correct. \*

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You must read and confirm you understand the Required Policies and Procedures before submitting this form.

[Required Polices and Procedures](#)

I attest that I have read and understand the Required Policies and Procedures associated with becoming an authorized user of HealthConnections per New York State law. \*

[SUBMIT MY REQUEST](#)

Once the individual has accessed and reviewed the Required Policies and Procedures document, they may CLOSE out of the document and the attestation checkbox will be available. Once both checkboxes are selected, they can submit their request.

By checking this box, I attest that I am an authorized employee of the above organization and confirm all the above information is correct. \*

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You must read and confirm you understand the Required Policies and Procedures before submitting this form.

[Required Polices and Procedures](#)

I attest that I have read and understand the Required Policies and Procedures associated with becoming an authorized user of HealthConnections per New York State law. \*

[SUBMIT MY REQUEST](#)



The individual requesting access will be directed to a HealthConnections webpage that will offer them additional information and opportunities to learn more about their selected services. It is required to read through a user guide, view a demonstration video, and/or join one of our popular live webinar sessions.

In addition, individuals requesting access will be sent an email with the same information from [support@healthconnections.org](mailto:support@healthconnections.org).

**Be sure to check junk mail!**



## Authorized User Request Review/Login Credentials

At this point, the HealthConnections Support team will review the request, identify the applicable organization, and submit the request to the designated RHIO Administrator at the correct location. If there are any questions or concerns about the request, Support will reach out to the individual.

healthconnections® | Powered by Adobe Acrobat Sign

HealthConnections Support requests your signature on  
**Authorized User Certification and Application -  
Health E Connections - Interaction Number -  
00067729**

Due by August 26, 2023

[Review and sign](#)

The RHIO Administrator for each organization is responsible for identifying Authorized User privileges and services, completing verification of identity, and reviewing Authorized User requests for completeness. Please review and if applicable, authorize the request for a HealthConnections Account for - Health E Connections. Once you have approved and signed the Authorized User Certification and Application, you will receive a fully executed copy. Authorized User Certification and Applications must be retained on file for 6 years.

After you sign **Authorized User Certification and Application - Health E Connections - Interaction Number - 00067729**, all parties will receive a final PDF copy by email.

**Don't forward this email:** if you don't want to sign, you can [delegate](#) to someone else.

By proceeding, you agree that this agreement may be signed using electronic or handwritten signatures.

To ensure that you continue receiving our emails, please add [echosign@echosign.com](mailto:echosign@echosign.com) to your address book or safe list.

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## Adobe e-Signature Process

The RHIO Administrator will receive an email from HealthConnections Support through [echosign@echosign.com](mailto:echosign@echosign.com), with the subject line noting that their **“Signature is requested on Authorized User Certification and Application.”**

The email header will identify the name of the individual requesting access and a ticket number.

This ticket number can be referenced if problems arise with the account provisioning process.

## Delegating the Signature

RHIO Administrators do have an option directly from the email to delegate the signature process to someone else and may do so by clicking on the **“Don't forward this email: if you don't want to sign, you can delegate to someone else”** link.

Simply enter the correct individual's email address and click on the Delegate button.

## Signature and Document Options

The RHIO Administrator’s job is primarily to ensure the requestor is an employee of their organization and they have a professional need to access information through the HealthConnections services they’re asking for. Each request should be reviewed for accuracy and appropriateness.

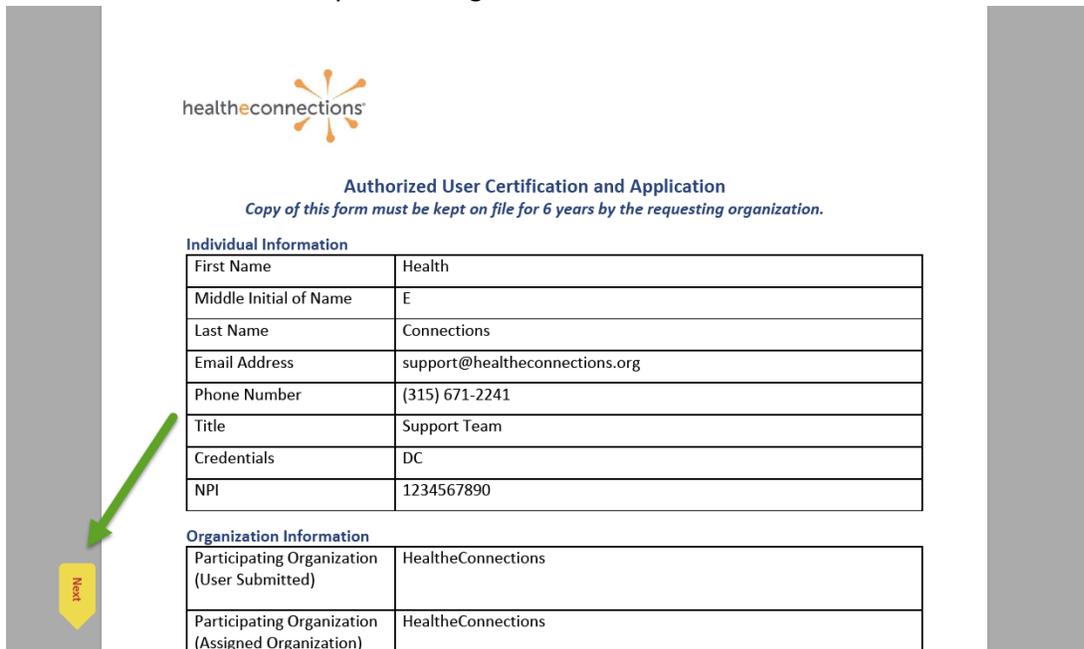
Once the RHIO Administrator opens the AdobeSign document, they will have multiple options. On the lefthand side, select “Options” to see the full list.

- Read Agreement
- Delegate signing to another
- Decline to sign
- Clear document data
- View history
- Download PDF
- Legal Notices



## Approving a Request

There is a NEXT flag available on the AdobeSign document that will jump the RHIO Administrator to the section of the form that they need to sign.



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**Authorized User Certification and Application**  
*Copy of this form must be kept on file for 6 years by the requesting organization.*

**Individual Information**

First Name	Health
Middle Initial of Name	E
Last Name	Connections
Email Address	support@healthconnections.org
Phone Number	(315) 671-2241
Title	Support Team
Credentials	DC
NPI	1234567890

**Organization Information**

Participating Organization (User Submitted)	HealthConnections
Participating Organization (Assigned Organization)	HealthConnections

The RHIO Administrator will click into the Signature field to type, draw, load an image or sign on a mobile device.

By signing this document, I, the RHIO Administrator, HealthConnections trainer or other Authorized Individual certify that the identity and legitimate need of this user, based on job function and relationship to patients has been proven.

**Signature:** \* Click here to sign

**Email:** support@healthconnections.org

Start

Type Draw Image Mobile

Sign

HealthConnections

Clear

Close Apply

Once signature is entered, RHIO Administrator will click “Apply”. The final step is “Click to Sign”.

By signing this document, I, the RHIO Administrator, HealthConnections trainer or other Authorized Individual certify that the identity and legitimate need of this user, based on job function and relationship to patients has been proven.

**Signature:** HealthConnections

**Email:** support@healthconnections.org

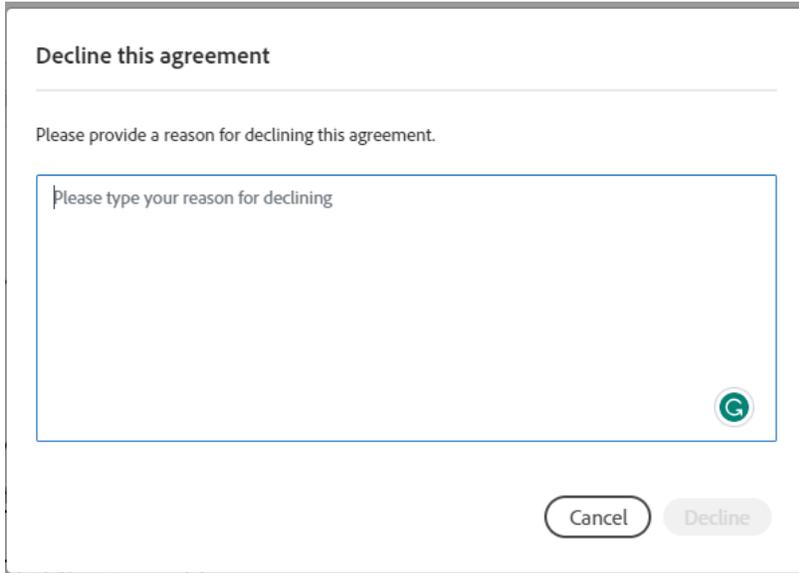
Click to change

Click to Sign

By signing, I agree to this agreement, the [Consumer Disclosure](#) and to do business electronically with HealthConnections.

## Declining a Request

If a RHIO Administrator needs to decline, they should select “Decline to sign” and indicate a reason (i.e., individual is not an employee of the organization, individual is not in a position / role that needs access, etc).

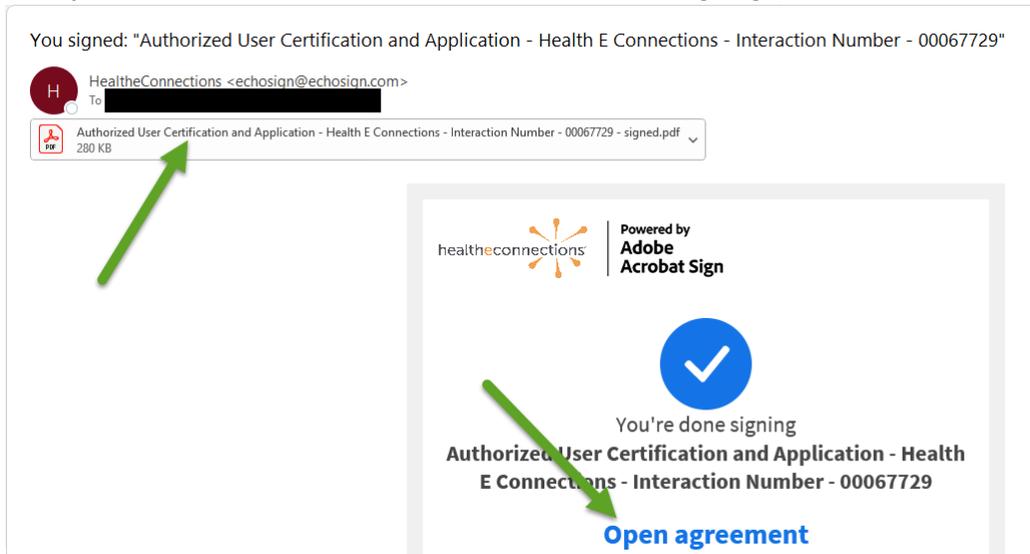


The screenshot shows a web form titled "Decline this agreement". Below the title is a horizontal line, followed by the instruction "Please provide a reason for declining this agreement." A large text input field contains the placeholder text "Please type your reason for declining". A small green circular icon with a white 'G' is located in the bottom right corner of the text field. At the bottom of the form are two buttons: "Cancel" and "Decline".

## Finalizing the Forms

Both the RHIO Administrator and the individual requesting access will receive an email that the process has been completed or declined. Remember, these forms must be kept on file at your organization for 6 years.

### Example of email for RHIO Administrator (“You’re done signing”)



The screenshot shows an email notification. The subject line is "You signed: 'Authorized User Certification and Application - Health E Connections - Interaction Number - 00067729'". The sender is "HealtheConnections <echosign@echosign.com>". The recipient is redacted. Below the recipient information is a PDF attachment titled "Authorized User Certification and Application - Health E Connections - Interaction Number - 00067729 - signed.pdf" with a size of 280 KB. A green arrow points from the attachment to a preview window. The preview window shows the "healthconnections" logo, "Powered by Adobe Acrobat Sign", a blue checkmark icon, and the text "You're done signing Authorized User Certification and Application - Health E Connections - Interaction Number - 00067729". A green arrow points from the text to a blue button labeled "Open agreement".



## Example of email for Individual requesting Access (“Signed and Filed!”)

Authorized User Certification and Application - Health E Connections - Interaction Number - 00067729 between HealtheConnections and [REDACTED] is Signed and Filed!

AS Adobe Sign <echosign@echosign.com>  
To: [REDACTED]  
Cc: HealthConnections Support

If there are problems with how this message is displayed, click here to view it in a web browser.

Authorized User Certification and Application - Health E Connections - Interaction Number - 00067729 - signed.pdf  
316 KB



Authorized User Certification and Application - Health E Connections - Interaction Number - 00067729 between HealthConnections and [REDACTED] is Signed and Filed!

To: [REDACTED] HealthConnections Support

Cc: HealthConnections

Attached is a final copy of Authorized User Certification and Application - Health E Connections - Interaction Number - 00067729.

Copies have been automatically sent to all parties to the agreement.

You can view [the document](#) in your Adobe Acrobat Sign account.

For any questions, concerns, or comments, contact our Support team at [support@healthconnections.org](mailto:support@healthconnections.org) or 315-671-2214 x5.



## Becoming an Authorized User FAQs

### **Who should complete the webform? Can anyone other than the new user fill it out?**

Authorized User requests via the webform must be completed by the new user (individual requesting access). The user is required to attest that they confirm the accuracy of the information they enter and that they have read and understand the required policies and procedures.

### **What is an NPI?**

NPI is an acronym for National Provider Identifier. The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA.

### **What do I select if I do not have Credentials?**

The top option for the Credentials field is 'N/A – Not a Provider' and any user that is not a credentialed provider should use the 'N/A – Not a Provider' option.

### **Is NPI a required field?**

No, NPI is not a required field. Some classifications of credentialed providers do not have NPI's. If a credentialed provider does have an NPI, they should enter it in this field.

### **Will the RHIO Administrator be able to edit selections on the form (i.e., the employee selected access that the organization does not want them to have)?**

RHIO Administrators should decline Authorized User requests that they receive for approval if the information is inaccurate, missing, incomplete, or inappropriate. A text box is provided for input that will be shared with the HealthConnections Support team so that the information can be corrected. Once the information is corrected, a new request for signature will be sent to the RHIO Administrator.

If the error or issue is identified prior to the RHIO Administrator receiving the request for signature, they may email [support@healthconnections.org](mailto:support@healthconnections.org) or call (315) 671-2241 ext. 5 and report the error/issue and Support will adjust the request prior to sending the request for signature.

Our Support team will conduct a preliminary review of the request prior to sending it to the RHIO Administrator for signature.

### **How long do we need to keep a copy of this user application for audit?**

Forms are required to be maintained by the organization for 6 years. Both the user and RHIO Administrator will receive a finalized signed copy at the end of the process.



**What if my organization has multiple RHIO Administrators? Who receives the email for signature?**

Your organization should identify a primary and secondary signing authority. These roles can be identified at each site in your organization independently to ensure that the signing authority is the best resource to conduct ID proofing for the user (ensuring that they are an employee and that they are in a role or position that requires HealthConnections access).

**Who should we reach out to update our RHIO Administrator (Primary/Secondary signing authority)? Or to add an additional RHIO Administrator (Primary/Secondary signing authority)?**

Information regarding changes or additions to an organization's RHIO Administrator can be sent to [support@healthconnections.org](mailto:support@healthconnections.org). Newly appointed RHIO Administrator(s) are required to complete RHIO Administrator Training available at <https://www.healthconnections.org/resources/training-documents/>

Information regarding an Organization's Primary Contact, Primary Signing, and Secondary Signing Authority are available in the RHIO Administrator Reports (available to RHIO Administrators in myConnections).

The RHIO Administrator is your organization's required point of contact for HealthConnections, and though the responsibilities are not complex, they are very important. Changes in this contact should be reported as soon as possible to HealthConnections.

**How does the system know to inform users to complete annual refresher training if the information is not included on this form?**

Refresher training occurs on each user account annually based on the date that the account was created.

**What does a user do if they have a unique request that is not covered by the fields on the form?**

Any additional information regarding an account request can be added to the Comments/Notes field. Some examples of when additional information may be needed are: If a user needs access to an organization's shared direct mail account; or if a user needs access to multiple facilities (facilities must be under the same Signing Authority).

**Is terminating or modifying access for an individual completed through the webform?**

No, not currently. HealthConnections intends to expand webforms to cover this in the near future. For now, only new user accounts are available through this form (either completely new access to HealthConnections or additional access under a new facility).

The existing Authorized User Change Request form is available at <https://www.healthconnections.org/resources/training-documents/> and should be used until further notice.

**Is there any additional training information on this process?**

Yes, you can access a webinar recording at the below link: <https://youtu.be/MRrEI0DwRo>