Added Functionality Bulk User Form

** indicates required field*

*** Participating Organization**

Please apply the following additional functions to the below Authorized User(s):

User Name	Change Access Type To:		Direct Mail	Perinatal Referrals	Transfer to PACS
	☐ Clinical	☐ Demographics	☐	☐	☐
	☐ Clinical	☐ Demographics	☐	☐	☐
	☐ Clinical	☐ Demographics	☐	☐	☐
	☐ Clinical	☐ Demographics	☐	☐	☐
	☐ Clinical	☐ Demographics	☐	☐	☐
	☐ Clinical	☐ Demographics	☐	☐	☐
	☐ Clinical	☐ Demographics	☐	☐	☐
	☐ Clinical	☐ Demographics	☐	☐	☐
	☐ Clinical	☐ Demographics	☐	☐	☐
	☐ Clinical	☐ Demographics	☐	☐	☐
	☐ Clinical	☐ Demographics	☐	☐	☐
	☐ Clinical	☐ Demographics	☐	☐	☐

RHIO Administrator / Account Manager Signature:

Authorizing Signature*: ***Dates:***

Authorizing Signature's Email Address: ***Title:***

PLEASE SUBMIT TO SUPPORT@HEALTHECONNECTIONS.ORG
OR FAX TO 1-315-407-0053