



\* indicates required field

### Authorized User Change Form

\* Last Name

\* First Name

Middle Initial

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\* Participating Organization

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\* HIE Username

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