



## myResults Delegation 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:**

**Provider Information:**

Provider Name: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

Additional Organizations that the Provider is employed at:

**Request Type:**

Add HIE User as Delegate for Provider listed above.

Remove HIE User as Delegate for Provider listed above.

I authorize the delegate above to receive and view alerts on my behalf or authorize the removal of the delegate above:

**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.