



myData Enrollment Form

Authorized User Information	
Authorized User Full Name:	
HealthConnections User Name:	
Name of Practice/Organization (Primary):	
Direct (Secure) Email Address:	
If you do not have a Direct Email Address, List regular email address:	

Attribution Lists Requested (Use Complete Name)	List Submitted to HeC (Y/N)

By signing this document, I confirm that I am requesting access to myData:

Signature:

Date:

Photo ID Type (e.g., Driver's License):

ID Number:

By signing this document, I, the RHIO Administrator, approve access to myData for the user noted above:

Authorizing Signature:

Date:

Authorizing Signature's Email Address:

Title:

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