healtheconnections®

* indicates required field

* Patient Name	*** Date of Birth**

*Patient Home Address

RHIO Administrator Signature or Patient Signature (Notarized)	**Date**

Participating Organization, if applicable

In order to activate the Patient Audit Request, the patient must do one of the following options:
1. Present at one of their providers with a photo ID and complete the form to request Audit. The provider will send the form to HealtheConnections.
2. Present at a HealtheConnections office with a photo ID and complete the form to request Audit.
3. Patient may request Audit form to be completed and notarized. Patient may send form back via mail or fax (315-407-0053).

<u>**Notarization:**</u>

State of _____

County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public Printed Name: _____

Notary Public Signature: _____

My Commission Expires: _____

(seal or stamp)

HealtheConnections Staff Use Only:	
Date Audit Log Requested:	

Patient Audit Log Request Form _09_17_2021

443 N. Franklin St., Suite 001
Syracuse, New York 13204
T (315) 671-2241 | F (315) 407-0053

healtheconnections.org