



Interest and Profile

Complete this form and return to: support@healthconnections.org

Practice Name:	
Organization NPI:	
Primary Location Address:	

Check all that you are interested in:

<input type="checkbox"/>	Community-wide Patient Lookup	View consolidated patient medical records in the Provider Portal, including lab and image reports
<input type="checkbox"/>	Delivery of Results to my EHR	Automated delivery of patient records where provider is “named” to connected EHRs
<input type="checkbox"/>	myResults	Summary view of clinical results in the Provider Portal, where a provider is “named”
<input type="checkbox"/>	Direct Mail (Secure Messaging)	Exchange clinical data through secure mail
<input type="checkbox"/>	Sending & Receiving CCDs	Exchange of patient records between the HIE and connected EHRs
<input type="checkbox"/>	NYSIIS Immunization Query	Access to the NYS Immunization Registry
<input type="checkbox"/>	myAlerts	Patient activity notifications sent to providers for Emergency Department encounters, in-patient hospital admissions and discharges
<input type="checkbox"/>	Sending Perinatal Referrals	Referring prenatal, postnatal, and infant clients to services

Participant Information

Office Type (Primary Care, Specialty Care, etc.)	
Other Office Locations	
NYSIIS ID #, if known (typically 4-5 characters)	
EHR Name	
Primary Contact Information (phone, email)	
RHIO Administrator Name & Contact Information	
Audit Report Recipient Name & Contact Information	
Check One:	
Safety Net Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a PCMH?	<input type="checkbox"/> Yes <input type="checkbox"/> No

