



Patient Audit Log Request Form

* indicates required field

* Patient Name

* Date of Birth

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*Patient Home Address

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RHIO Administrator Signature or Patient Signature (Notarized)

Date

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Participating Organization, if applicable

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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. Patient may make an appointment with a Compliance Officer or Manager at HealtheConnections to be seen at one of our offices. They can reach us at 315-671-2241 x5 or message our support staff at support@healthconnections.org to schedule. During their appointment they will need to provide a Photo ID and complete the form to request an Audit.
3. Patient may request Audit form to be completed and notarized. Patient may send form back via mail or fax (315-407-0053).

Notarization:

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:	