



User Add, Delete, and Change Form

I hereby request and approve access to HealthBridge for the following individuals in accordance with the HealthBridge Security, HIPAA and Confidentiality policy. My organization accepts responsibility for their actions while using HealthBridge. Each associate named herein will have his or her own personal user ID/password and will sign an electronic confidentiality and data security agreement.

Upon termination or resignation of any of the named associates, my organization is responsible for promptly notifying HealthBridge by emailing UserRequest@HealthBridge.org or calling (513) 469-7222 x4. All training needs will be coordinated through HealthBridge, failure to do so will delay user access and setup.

Practice and User Administrator Information

_____	_____
Date	User Administrator (printed name)
_____	_____
Practice Name	User Administrator's Email (required)
_____	_____
Practice Street Address	User Administrator's Telephone (required)
_____	_____
Practice City	User Administrator's Fax
_____	_____
Practice State and Zip Code	User Administrator's Signature (stamped signatures not accepted)

HealthBridge User Administrator is Required

User Add, Delete, and Changes must be from a designated User Administrator from the practice. Signatures will be verified by HealthBridge from the following documents: Office Visit Summary, Go Live Agreement, or the User Administrator Authorization Form unless the User Administrator makes the change themselves online. A User Administrator Authorization Form must be completed in order for a group to become active. Only active and current User Administrators will have the authority to manage user accounts

For Forms to Request Access to Hospital Applications

Authorization and setup to access hospital applications are managed by the hospitals. Most hospital forms are available to print and complete once you have HealthBridge access. Information where and how to access these forms will be provided with the new user login information.

Comments:



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User Adds, Deletes, and Changes Practice Name: _____ Location: _____

Check if a new practice Check if a new location

Please complete one form for each location. If an employee works at multiple locations, only list them one (1) time at their primary location only.

First Name, Middle Initial, Last Name (print)	Job Title and NPI# (For user changes or deletes, note change or delete here)	Email	Mother's First Name	User's DOB	Needs hbResults (Elysium/Clinical Messaging) Access	Needs Code Correct Access	Needs Capario Access

Does your practice need HealthBridge training? Yes No

Who do you want us to notify when the changes are made? User Administrator Each user directly

Send Form To

Send this completed form to one (1) of the below:

- UserRequest@HealthBridge.org
- Fax 513-469-7230
- Mail:
New User Request
HealthBridge
11300 Cornell Park Drive, Suite 360
Cincinnati, OH 45242

After Sending This Form You Can Expect

- Within 1 business day – you should receive email notification that we've received your request.
- Within 5 business days – we'll have your new users set up and email the new user information to the User Administrator or the users directly.
- If you don't hear from us within the above timeframes, please contact us at UserRequest@HealthBridge.org or 513-469-7222 option 4.

HealthBridge Use Only

1. Is form signed by a known User Administrator? Yes No
2. Are all the necessary fields complete and legible? Yes No

Date _____ Initials _____