



Organization Name: _____

Telephone: _____

All HealthBridge user additions, deletions, and changes must be authorized by a known User Administrator in an organization. Please identify the authorized User Administrators for your organization below.

This form does not setup or change users in HealthBridge. It only lets us know who is authorized to be the User Administrator for your organization.

Complete the below section for

Authorized User Administrators Only

Name	Email	Telephone	User Admin's Sign Here	Action (circle one)
_____	_____	_____	_____	New Delete Update
_____	_____	_____	_____	New Delete Update
_____	_____	_____	_____	New Delete Update
_____	_____	_____	_____	New Delete Update

User Administrators can request users be added, deleted, or changed by submitting a User Add, Delete, and Change Form (see attached).

By signing below, I certify that I have the authority to grant these privileges for my organization. (Must be a physician, practice manager, resident supervisor, etc.)

Signature: _____

Date: _____

Printed Name: _____

Title: _____

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

11300 Cornell Park Drive • Suite 360 • Cincinnati, OH 45242
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