

USER ACCOUNT FORM


Action To Be Taken


- New HEALTHeLINK Account
- New Authorized Contact _____
- New Mirth Mail Account Choose a 4-digit PIN
- Account Change
- Termination

Select One Authentication Method – New Users Only

- Text Message to Cell#: _____
- *Texts work most effectively with selected carriers
- Voice Call to Cell#: _____
- Voice Call to Landline#: _____
- HEALTHeLINK Token
- Trusted Site (Applicable only if your facility has already been established)

User Information – Please Print (All fields required)

Last Name: _____ Legal First Name: _____
 Date of Birth: _____ Gender: _____ EMR System/User ID: _____ 

User's Individual Work E-mail Address: _____
 Organization Name: _____
 Department/Group *within* Organization: _____
 Organization Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____  Fax Number: _____

Provider Information – please fill out for Providers ONLY.


Do you work in multiple locations? Yes No **Results Delivery Only?** Yes (No access to web application) No
 NPI: _____ Prescription DEA#: _____
 NYS License#: _____ Quest Client ID#: _____


Account Information

- ✓ Do you have an existing NYS Prescription Monitoring Program (I-STOP) account? Yes No
- ✓ Will you use HEALTHeNET to manage Patient Consent? Yes No

HEALTHeLINK Job Category:

- | | |
|--|---|
| <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Clinical Office Staff – Access to clinical data and consent |
| <input type="checkbox"/> Resident/Fellow | <input type="checkbox"/> Non Clinical Office Staff - Manages consent ONLY; NO access to clinical data |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Public Health User |
| <input type="checkbox"/> Organ Transplant User | <input type="checkbox"/> Other (Please Specify) _____ |

Authorized User Policy Attestation-- <http://wnyhealthelink.com/PhysiciansandStaff/Training>
 I have watched the HEALTHeLINK Policies Training Video or have read the Privacy & Security Policies and agree to comply with all applicable Policies and Procedures  _____ Date: _____
User Signature (Required)

Authorized Contact Approval
 I attest that I have verified the identity of the user named above in accordance with HEALTHeLINK policies and procedures:
 _____
Authorized Contact Signature (Required) **Date**

For HEALTHeLINK Internal Use Only
 Organization: _____
Job Category: O P S **Category:** _____ **BF:** _____

COMPLETING THE USER ACCOUNT FORM

NEW USERS

1. Check “New User”
2. Select an authentication method which is necessary to access the HEALTHeLINK application. Choices:
 - a. Text message (Selected carriers)
 - b. Automated call to your cell (any cell phone carrier)
 - c. Automated call to your landline, *a direct line to you and no extension*
 - d. Token, issued by HeL. Please consult your account manager to review any possible fees.
 - e. Trusted site at BMG, CHS, ECMC, KHS, RPCI, WCA, UBMD (Currently)

NEW AUTHORIZED CONTACT (AC)

1. Please review “Responsibilities of the Authorized Contact” provided with your Registration Application
2. The AC is appointed by the practice
3. The AC chooses a 4-digit PIN used to verify your identity when you are doing account maintenance
4. There may be more than one AC but they must be designated by the current AC or by a managing Provider/Partner for the practice

USER INFORMATION

Please fill out all fields completely. Your email address is recommended but not required, and must be unique to you and is *not* one that you share with co-workers. EMR System/User ID is required if your facility allows access to HEALTHeLINK directly from your EMR.

PROVIDER INFORMATION

All NYS Licensed providers are required to fill out provider information. *All other users should skip this section.* If your practice is set up for Results Delivery (RD) through the HEALTHeLINK Interface, please check “yes” if the provider is to be set up for RD only or check “no” if they are to be set up with access to the HEALTHeLINK web application as well.

HEALTHeLINK ACCOUNT

Please answer both questions. Your Authorized Contact will choose your job category. Please note the difference between a “Clinical Office Staff” and “Non Clinical Office Staff” User is the ability to access clinical data.

POLICY ATTESTATION

After viewing or reading the HEALTHeLINK Policies, every user must sign and date their User Account form. *Your account form will not be processed without your signature.* The Participation Agreement signed with HEALTHeLINK requires that each Participant agree to comply with all applicable Policies and Procedures. To assure that every User has been trained and will act in compliance with current HEALTHeLINK policies, the Privacy/Security Officer (often the Authorized Contact) should be certain that every User in the office is fully aware of HEALTHeLINK policies. There is the option to read the policies or to view a short 9 ½ minute video. Access for either is at <http://www.wnyhealthelink.com/HowToJoin/Physicians/Policies>. Users may only access records of patients with whom they have a treating relationship. You may not access your own records.

**If your facility does not allow you to view the video, let your Account Manager know, and other arrangements will be made.*

SECURE MESSAGING ACCOUNT

Your AC will decide if you need a secure messaging account.