

# User Account Form



## Action

- New HEALTHeLINK Account  
 Account Change  
What is the change? \_\_\_\_\_  
 New Authorized Contact  
Choose a 4-digit PIN \_\_\_\_\_

## Select One Authentication Method – REQUIRED

- Text Message to Cell #: \_\_\_\_\_  
 Voice Call to Cell #: \_\_\_\_\_  
 Voice Call to Direct Landline #: \_\_\_\_\_  
 HEALTHeLINK Token  
 My facility is a Trusted Site

## User Information – ALL FIELDS REQUIRED

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

**User's** Individual E-mail Address: \_\_\_\_\_

Best way (phone or e-mail) to contact user directly: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Department/Group *within* Organization: \_\_\_\_\_ Job Title: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## HEALTHeLINK Access Type – REQUIRED – SELECT ONE

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> MD/DO/Fellow   | <input type="checkbox"/> Organ Transplant User    | <input type="checkbox"/> Non-Clinical User (no clinical results)  |
| <input type="checkbox"/> PA/NP  | <input type="checkbox"/> Public Health User       | <input type="checkbox"/> Clinic Support Staff (access to results) |
| <input type="checkbox"/> Resident   | <input type="checkbox"/> Coroner/Medical Examiner | <input type="checkbox"/> Researcher                               |
| <input type="checkbox"/> Other Clinical Specialist (e.g., Dentist, Podiatrist, Pharmacist, PT/OT, etc.) |   |   |

Do you have an existing NYS Prescription Monitoring Program (I-STOP) account?  Yes  No

Do you need to manage consent? (If yes, select ONE method below.)  Yes  No

- HEALTHeNET (must have an existing NET account\*)  HEALTHeLINK Consent Management Application

## THIS SECTION IS FOR PROVIDERS ONLY

Do you work in multiple locations?  Yes  No

Results Delivery Only?  Yes (No access to web application)  No

NPI: \_\_\_\_\_ NYS License #: \_\_\_\_\_

## 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 – AC SIGNATURE REQUIRED – DIFFERENT FROM THE USER

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 – Other privileges

BTG \_\_\_\_\_ PCO \_\_\_\_\_ eHT/TTP \_\_\_\_\_ LINK Consent \_\_\_\_\_ Secure Messaging \_\_\_\_\_ Other \_\_\_\_\_

## NEW USERS

1. Check “New HEALTHeLINK Account”
2. Select an authentication method which is necessary to access the HEALTHeLINK application. Choices:
  - a. Text message
  - 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 HEALTHeLINK
  - e. Trusted site; please ask your HEALTHeLINK Account Manager if your facility has been approved

## 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 will need a method of Two Factor Authentication and a 4-digit PIN
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 must be unique to you and is *not* one that you share with co-workers. It is one you can access in case you forget your password. EMR System/User ID is required only if your facility allows access to HEALTHeLINK directly from your EMR (this is a technical connection done by IT).

## 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 ACCESS TYPE

Non-Clinical User is set up for to manage HEALTHeLINK consent only and access patient demographics. NO access to clinical data is available.

Clinic Support Staff are those professionals and staff employees who will access clinical information. They do not fit into the other categories.

## 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 an AC signature. The Participation Agreement signed with HEALTHeLINK requires that every 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://wnyhealthelink.com/PhysiciansandStaff/Training>. **Users may only access records of patients with whom they have a treating relationship and never their own, family, friends, or co-workers outside of HIPAA compliance.**

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

