

USER ACCOUNT FORM



Action

- New HEALTHeLINK Account
- Account Change
- What is the change? _____
- New Mirth Mail Account
- 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 (BMG, Catholic Health, ECMC, Kaleida, Roswell Park, UAHS, WCA ONLY)

User Information – ALL FIELDS REQUIRED

Last Name: _____ Legal First Name: _____
Date of Birth: _____ Gender: _____ EMR System/User ID: _____
User's Individual E-mail Address: _____
Organization Name: _____
Department/Group *within* Organization: _____ Job Title: _____
Organization Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____

HEALTHeLINK Access Type – REQUIRED

- Medical Doctor
- Nurse Practitioner
- Pharmacist
- Resident/Fellow
- Physician Assistant
- Organ Transplant User
- Public Health User
- Clinical Data Access
- JOB TITLE: _____
- Consent Management - Manages consent ONLY;
NO access to clinical data

Do you have an existing NYS Prescription Monitoring Program (I-STOP) account? Yes No
Do you need to manage consent through HEALTHeNET? Yes No

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#: _____
Quest Client ID: _____

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
Organization: _____
Job Category: 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, UAHS, 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 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 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 ACCESS TYPE

Please note the difference between a “Clinical Data Access” and “Consent Management” is that the former can access labs and other data, while the later will only manage the HEALTHeLINK Patient Consent Form with NO ability to see clinical records. Managing Consent may allow immediate access to clinical records.

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://wnyhealthelink.com/PhysiciansandStaff/Training>. 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.