

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*

