

Enrollment Form

Parent Organization Information (Location 1)		
Organization Name		
NPI#	Specialty	EMR/EHR
Street Address	City	State
Zip Code	County	Phone Number
Display Name: (eReferrals only)		Qualified Service Organization (QSO) 42CFR Part 2 (Check if applicable)

Note: If enrolling additional locations please provide details below		Location Information				
Add'l Location Name/Display Name	NPI	Specialty	EMR/EHR	Full Address	Phone Number	QSO
2.						
3.						
4.						
5.						

Office Contacts					
Last Name	First Name	Job Title	Phone Number	Email	Can Add/Remove Users?
					Yes No
					Yes No
					Yes No

IT Contacts (Internal or Third Party)					
Last Name	First Name	Job title	Phone Number	Email	Company Name (If 3 rd Party)

User Information				Services	
Location Number(s)	Last Name	First Name	Email	CHR Access	eReferral Access <i>Check to activate email alerts. (Alert each time a new Referral is received)</i>

<i>CHR User Role</i>	<i>Description</i>	<i>Staff role examples</i>
<i>No Access</i>	User will not be able to access any part of the Community Health Record	
<i>Staff Basic</i>	Clinic staff that will have access to only demographic information.	Registrar, Scheduler, Patient Access Representative
<i>Staff Clinical</i>	Clinic staff that will have access to clinical and demographic information.	Nurse, Medical Assistant, Case Manager

eReferrals

Access: Description:

<i>Referral Manager</i>	User will have Full access to send, update, process incoming eReferrals, and access to referral reporting.
<i>Referral User</i>	User will have Full access to send, update, and process incoming eReferrals.
<i>Read Only</i>	User will be able to access eReferrals but not be able to send, update, or process incoming eReferrals.
<i>No Access</i>	User will not be able to access any part of the eReferrals module