Provider Change Request Form

Directions: Please complete this form to notify Reliance eHealth Collaborative of providers (physicians, nurse practitioners, physician assistants) who are joining or leaving the practice. Reliance staff will contact you when the change has been completed. Click submit below or email to *HelpDesk@RelianceHIE.org*.

Organization Name							

Add

Full Legal Name						Enroll Provider in:	
Last	First	Middle initial	Medicaid ID #	NPI	Effective Date	CHR	eReferrals

Remove

				Un-Enroll Provider from:	
Last	First	Middle initial	Effective Date	CHR	eReferrals

Authorized by: Date:

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

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