

Enrollment Form



Parent Organization Information (Location 1)		
Organization Name		
NPI#	Specialty	EMR/EHR/Paper
Street Address	City	State
Zip Code	County	Phone Number
42CFR Part 2 (Check if applicable)		

Location Information						
Note: If enrolling additional locations please provide details below						
Add'l Location Name/Display Name	NPI	Specialty	EMR/EHR	Full Address	Phone Number	42CFR Part 2
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

User Information				Subscription Services
Location Number(s)	Last Name	First Name	Email	CHR Access

Provider Information					Subscription Services
*Minimum of one provider required for enrollment					
Location Number(s)	Last name	First Name	NPI	Medicaid ID # <small>N/A if not actively enrolled</small>	CHR Access

CHR User Role Description

Staff role examples

<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

[illegible]