



**eHealth Connect® Intelligent Health Record Aggregation**  
**User Change Form**

Add/ Delete	Name	Title	e-Mail Address	Phone	Fax	Specific Department (e.g. Pre Kidney TX)

I approve the above user(s) to be added/deleted from eHealth Technologies Access Service as indicated.

Please make these changes effective on: \_\_\_\_\_

If deleting user(s), please indicate which *existing* user any remaining records requests should be sent to: \_\_\_\_\_

By signing this form, I hereby submit that I am an authorized representative of the facility listed below and have the requisite authority to make this amendment on behalf of the facility.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Facility: \_\_\_\_\_

**PLEASE FAX TO: 877-606-4331 OR EMAIL TO: Account\_Setup@eHealthTechnologies.com**  
**FOR SUPPORT CALL: 877-344-8999 option 4**