



eHealth Connect[®] Intelligent Health Record Aggregation

User Change Form

Add/Delete	First Name	Last Name	Title	Email Address	Phone	Fax	Specific Department(s) (Ex: Pre-Kidney TX)

I approve the above user(s) to be added/deleted from eHealth Technologies Record Aggregation Platform as indicated on this User Change Form consistent with the Business Associate Agreement (“BAA”) with eHealth Technologies and the federal Electronic Signatures in Global and National Commerce Act, 15 U.S.C. §7001 (“E-SIGN”). Pursuant to E-SIGN, I consent that the above user names may be electronically duplicated and used solely and exclusively on the online records requests consistent with the services being provided by eHealth Technologies under a BAA and underlying service agreement.

Please make these changes effective as of:

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

By signing this User Change Form, I hereby submit that I am an authorized representative of the facility listed below and have the requisite authority to make this amendment and add/delete user(s) 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 1