Garden City Hospital MMD HIE Practice/Facility Setup Form

The purpose of this form is to collect the information required to setup or modify access to the Health Information Exchange (HIE). Please enter as much information as possible.

Purpose of This Request (please check one)

Set up a practice or facility with access to the HIE

Add, modify or remove user(s) or provider(s) in an existing practice or facility in the HIE. (For changes to existing accounts, see page 4).

Practice/Facility Information

Practice / Facility Name

Hospital Affiliation

Specialty				
Cardiology	**Diagnostic**	**Emergency**	**Endocrinology**	**Family**
General	**Home Health**	**Hospice**	**Neurology**	**OB/GYN**
Oncology	**Orthopaedic**	**Pediatric**	**Rehabilitation**	**Skilled Nursing**
Surgery	**Visiting Nurse**			

Address

City, State, ZIP

Phone

Fax:

Practice or Facility Administrator

Note: The primary contact / administrator will be notified regarding system updates or issues and will also be responsible for auditing this application for inappropriate access by practice personnel.

Name

Title / Position

Office Phone

Ext.

Email

Do you have an EHR in place at your practice?　　Yes　　No　　**EHR Vendor**　　**EHR Version**

Optional Modules Requested (HIE Administrators Only)

Orders	**Secure Message**	**Eligible Provider**	**Direct Message**

Location Routing ID's	**Direct Message Suffix**

Please enter all active physicians and mid-level providers associated with your practice or facility.
Please include NPI number and credential.
Email addresses will only be used for internal notifications.

Practice Providers (Physicians, Mid-Level Providers)

Add	Del	First Name	M.I.	Last Name	Primary Credential	Direct	NPI (required) Physician ID (opt.)	Email Address (Required) Practice Email Acceptable

Notes:

Please enter practice/facility administrator(s) (required) and all personnel who require accounts to access the HIE. Indicate if the user should have access to additional features by checking the appropriate box or boxes. Email addresses will only be used for internal notifications.

Practice/Facility Administrator(s) and User Accounts

Add Del	First Name	M.I.	Last Name	Global Search *	Direct	Email Address (Required) Practice Email Acceptable

Notes:

* *"Break the glass" access to results where there's not an established patient / physician relationship*

Practice / Facility Name

- - - - - Current Name Information- - - - -	Type of Change	New Information