



CHIE New User Form

This form is governed by the organization's electronic commerce agreement (ECA). Please fill out the information below to setup new users.

Organization Name:

Doing Business As (DBA):

Organization Account Number:

Organization Address:

New User Information:

For more than four users, please attach a spreadsheet with the appropriate information.

Name:

Email:

Preferred User Name:

Role in Office:

Name:

Email:

Preferred User Name:

Role in Office:

Name:

Email:

Preferred User Name:

Role in Office:

Name:

Email:

Preferred User Name:

Role in Office:

By signing below, I attest that I am authorized to make user adjustments for the organization named above.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

UHIN Office Use Only

UHIN Consultant Name _____

cHIE Solutions Needed:

- CareAchieve Data Warehouse
- Dashboards
- Clinical Portal Access