



Fax this form to 877-693-4161 attn: Enrollment, or email to [enrollment@uhin.org](mailto:enrollment@uhin.org).

## Notice of Delegation

As the signer of the UHIN agreement, I, , have the authority to:

1. Grant UHIN permission to make the following changes to our organization's account with UHIN:
  - a. Set up additional employees with access to UHIN systems (UTRANSEND, CHIE, CHIE Direct, CHIE Alerts, CareAchieve data warehouse)
  - b. Terminate user accounts when an employee leaves our organization or no longer requires access to UHIN systems
2. Verify and vouch for the identity of employees of our organization who need access to UHIN systems.

I hereby communicate to UHIN that the below named individual(s) shall have this same authority, until I revoke it by submitting an updated Delegation Notice, or are to be removed from the list of approved delegates, as indicated.

Add  Remove Name:  Can change user accounts for:  
 Email:

Add  Remove Name:  Can change user accounts for:  
 Email:

Add  Remove Name:  Can change user accounts for:  
 Email:

Add  Remove Name:  Can change user accounts for:  
 Email:

No additional delegates may be accepted by UHIN without my written authorization.

**Required:** Signature of Agreement Signer: \_\_\_\_\_ Date: \_\_\_\_\_