



**QUALITY
HEALTH**
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Improving care through shared technology

QualityHealthNetwork.org

744 Horizon Court, Ste 210 • Grand Junction, CO 81506
970.248.0033



Thank you for joining the QHN Hot Topics session

How Tos: *Presented by: Sherri Corey, QHN Senior Clinical Advisor*

- **How to Submit a Request for a QHN New User**
- **How to Reset Your Password**
- **How to Set up Your Security Questions**
- **What to do if you forget your password?**

June 20, 2018

Presentation will begin shortly.

Please place your phone and computer microphone on mute during the presentation – thank you!



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How to Submit a Request for a QHN New User

Go to the QHN website, qualityhealthnetwork.org.

Hover over the Forms tab, then click on Request QHN New User.

Request form will open.

The screenshot shows the Quality Health Network website. The header includes the QHN logo with the tagline "Improving care through shared technology" and navigation links for HOME, CONTACT, BoD Login, and a search bar. A main navigation bar contains tabs for ABOUT, PATIENTS, PROVIDERS, FORMS, QHN PARTICIPANTS, and RESOURCES. The FORMS tab is highlighted with a red circle, and a dropdown menu is open, showing the link "REQUEST QHN NEW USER" also circled in red. Other items in the dropdown include "QHN FORMS", "ADVANCE CARE PLANNING FORMS", and "SCHOOL HEALTH FORMS". Below the navigation is a hero section with three columns: "Who We Are" (QHN was created in 2004 to improve the health of people who live across western Colorado), "What We Do" (We provide for the secure exchange of electronic health information when and where it's needed), and "Customer Secure Login" (with links for QHN LOGIN | QHN DIRECT, QHN DIRECT ONLY, and CUSTOMER SUPPORT REQUEST). Below this is a "WHAT'S NEW" section featuring a banner for "Welcome to our new Image Exchange Partners" with a list of partners: Community Hospital, Valley View Hospital, and Delta County Memorial Hospital, and a link to an "Image Exchange Tip Sheet".

Complete the required information. **This request should be submitted by the Designated Organizational Contact only.** (Note: email address must be an active and monitored account as their New User form will be directed to this email address). Click **Submit**.

The screenshot shows the 'HEALTH N-E-T-W-O-R-K' logo at the top left with the tagline 'Improving care through shared technology'. A navigation menu includes 'ABOUT', 'PATIENTS', 'PROVIDERS', 'FORMS', 'QHN PARTICIPANTS', and 'RESOURCES'. The main heading is 'NEW QHN USER REQUEST'. Below the heading, there is a paragraph explaining that access to the QHN system must be requested by the 'Designated Organizational Contact'. A list of links on the left includes 'Customer Support Request', 'Current Newsletter', 'Event Calendar', and 'Contact Us'. The form fields are: 'New User first/last name and professional suffix*', 'New User email address*', 'Your first/last name*', 'Your email address*', 'Your practice, facility or organization*', and 'Clinic or department where the new user will be working. (If the user works in multiple locations, the physical address or name of location where the user will be working)*'. The 'Submit' button at the bottom is circled in red.

Once the form is submitted, the **Designated Organizational Contact** making the request will receive a reply email noting the request has been sent with a “case” number used for tracking purposes.

 Reply  Reply All  Forward  IM



noreply@salesforce.com on behalf of Admin QHN <support@qualityhealthnetwork.org>

 Charity Meinhart

Case # 00020365: --New User--

Hi Charity Meinhart,

Thank you for submitting your request to QHN online. Case #00020365: "--New User--" has been created and someone from our team will respond to your concern/request shortly.

Thank you,

Customer Support at Quality Health Network

Email to the Designated Organizational Contact

After the case number email is sent, the Designated Organizational Contact will receive this instructional email, explaining the DocuSign Process.

Subject: IMPORTANT – QHN User Application

Good morning (afternoon) <name>,

QHN has received your request for us to establish a new User for your practice/organization/facility. Access to QHN's system necessitates the completion of the **QHN User Application** form, which requires information and a signature from both the organization requesting the Users access AND the new User.

The **QHN User Application** will be sent to you via DocuSign, once you have completed and signed the form it will automatically be forwarded to the new User. Please be sure you have provided us with a working and monitored email for the new User you are requesting access for. If this new User will need QHN to route Results (providers only), please note this in the "Other" field on the form.

Once the User has completed and signed their section of the form, it automatically returns to QHN and sends you and the User a signed copy (PDF) via email, which you may file electronically or print.

In an effort to better serve our customers, QHN uses the DocuSign electronic signature process. This allows our customers to sign forms electronically by simply following the DocuSign instructions and for QHN to expedite your request for the new Users system access.

Please feel free to contact me personally at: cmorris@qualityhealthnetwork.org or call the QHN Customer Support Desk at: 970-248-0033 if you have any questions or concerns.

We look forward to providing your new User with QHN services.

Thank you,

Sam or Cheryl

Email to the New User

The New User will also receive an instructional email explaining the DocuSign Process.

Subject: IMPORTANT – QHN User Application

Good morning (afternoon) <name>,

QHN has received a request for you to access QHN's electronic health information exchange (HIE). Access to QHN's HIE requires the completion of the **QHN User Application**.

In an effort to better serve our customers, QHN uses the DocuSign electronic signature process. This allows you to sign forms electronically by simply following the DocuSign instructions and for QHN to expedite your request for system access.

You will soon be receiving the **QHN User Application** via DocuSign. Once the form is signed it automatically returns to QHN and sends you a signed copy (PDF) via email, which you may file electronically or print.

Please feel free to contact me personally at: cmorris@qualityhealthnetwork.org or call the QHN Customer Support Desk at: 970-248-0033 if you have any questions or concerns.

We look forward to providing you with QHN services.

Thank you,

Sam or Cheryl

Meanwhile, the **QHN User Application** is emailed directly to the **Designated Organizational Contact** utilizing DocuSign.

Click **REVIEW DOCUMENT**.

Documents for your DocuSign Signature
DocuSign System <dse_na2@docusign.net>
If there are problems with how this message is displayed, click here to view it in a web browser.
Sent: Wed 9/13/2017 2:28 PM
To: Becky Jessen



Improving care through shared technology



Cheryl Morris sent you a document to review and sign.

REVIEW DOCUMENT

Cheryl Morris
cmorris@qualityhealthnetwork.org

I am sending you this request for your electronic signature, please review and electronically sign by following the link below.

Powered by **DocuSign**

On the next screen, click **CONTINUE**. (The form will be grayed out until you click **CONTINUE**.)

Please Review & Act on These Documents

 Cheryl Morris
Quality Health Network


Powered by DocuSign

I am sending you this request for your electronic signature, please review and electronically sign by following the link below.

Please review the documents below.

CONTINUE OTHER ACTIONS ▾

DocuSign Envelope ID: 4080B790-8E305-4F4C-9C85-0857A88104DA

 **QUALITY HEALTH**
WEST VIRGINIA

New User Form
To be completed by User requesting QHN access

The information below is required to be completed by each User requesting access to the Quality Health Network (QHN) System. Users will be notified by phone, with their secured access information when their account has been established in the QHN System. Once the form is completed and signed via DocuSign it will automatically be sent to QHN Customer Support and you will receive a copy via email. Please feel free to contact QHN Customer Support if you have questions: 970.248.0043.

User Information

Full Name:
First Last M.I.

Professional Suffix: Other Title:
Select from dropdown menu, if applicable

Preferred Contact Phone: Cell Phone:

Preferred Contact Email Address:

*Please note: This email address is used for the reset password function in the QHN system.

Please list the work location(s) where you will access the QHN system below:

Security Information (Used to verify your identity for Password changes, etc.)

Last 4 Digits of Your Social Security Number:

Please NOTE: Those receiving DocuSign forms are sent intermittent reminder emails. DocuSign forms expire in 30 days.

The Designated Organizational Contact will complete the fields on the QHN New User Application. Note that if you are a provider, we will need **your NPI and license number**. Also be sure to:

1. Select Level of Access
2. Electronically sign
3. Click FINISH.

The Application is then sent to the New User.

Both the New User and the Designated Organizational Contact(s) are sent a copy via email.

review the documents below. **FINISH**

START

DocuSign Envelope ID: 111CABDF-BBBE-4174-B09A-69C4F0DD6E38

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QHN User Application

A QHN User Application Form must be completed for each User. User will receive their secured access information by phone. Completed form may be emailed to: Support@qualityhealthnetwork.org or faxed to QHN at: 970.248.0043.

To be Completed by Authorized Organizational Contact
Practice | Organization | Facility Information

Practice | Organization | Facility Name: Department:

User Information

Full Name: Specialty:
First Last M.I.

Preferred email contact address: Professional Suffix / Title:

NPI #: License #:

If using QHN Single Sign On please note their user name (for your EHR system) below: Training by QHN representative is requested (fee may apply).
Yes: No:

User Access Requested (at least one option must be selected)

- Demographics Only: This User will not access clinical information, Patient Demographics view only.
- Organization Results: User will access results/demographics associated with your practice patients only.
- Full QHN System Access: User will access all patient results/demographics from all QHN sources.
One-time fee may apply (\$50). I understand fee will be applied to our organization's monthly invoice.
- QHN Direct: User needs Direct Email account (Tip Sheet on [Designating Direct Delegates](#)).
- Other:

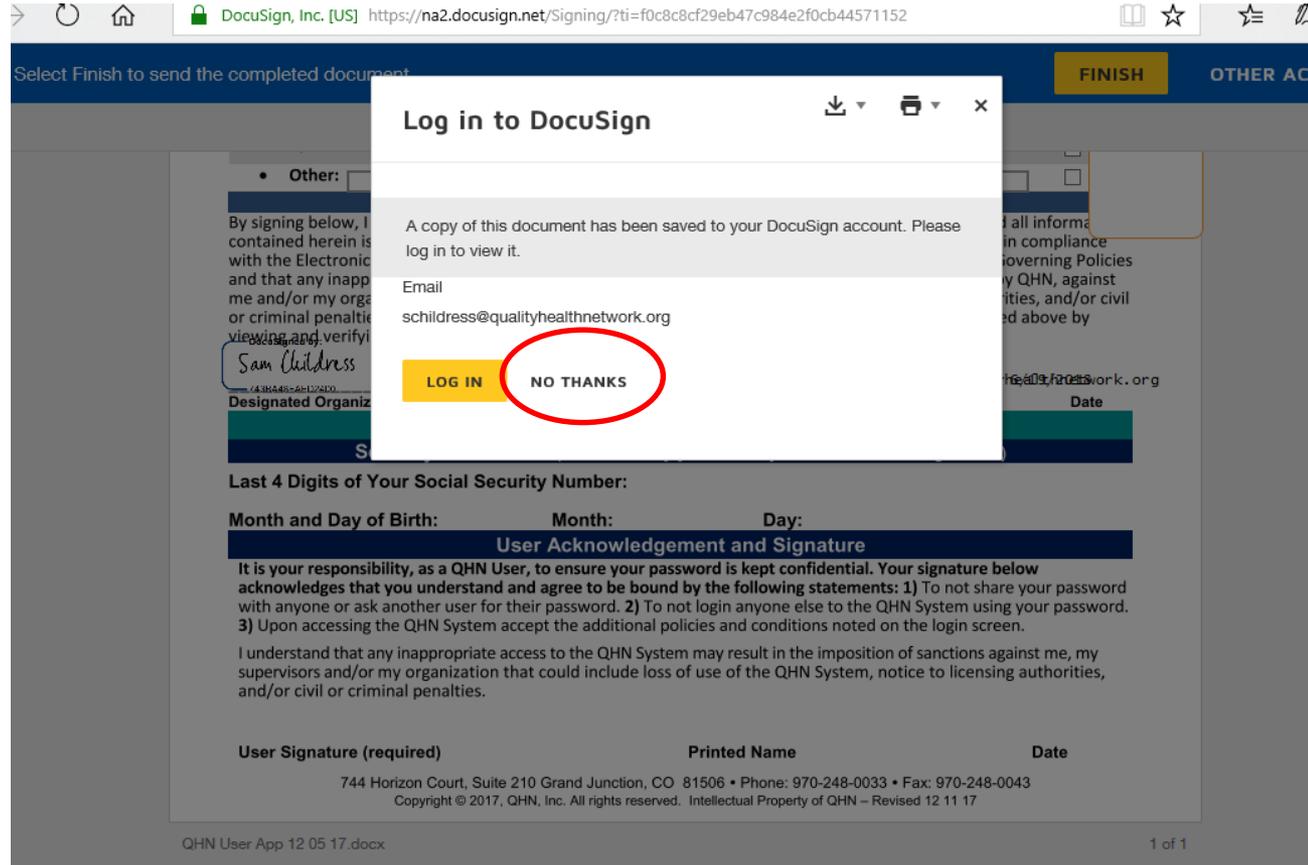
Organizational Contact Signature

By signing below, I certify that User has completed the required **HIPAA and Confidentiality** training and all information contained herein is accurate. I affirm that all access, by my organization, to the QHN system(s) shall be in compliance with the Electronic Commerce Agreement between our organization and QHN, applicable law, QHN's Governing Policies and that any inappropriate use or access to the QHN system may result in the imposition of sanctions by QHN, against me and/or my organization that could include loss of use of the QHN System, notice to licensing authorities, and/or civil or criminal penalties. [View QHN's Governing Policies](#). I have certified the identity of the individual noted above by **Viewing and verifying** two legal forms of identification.

We cannot process your request without access delineated.

Note: QHN's DocuSign emails are stamped with the QHN logo and sent by the Customer Support team: Cheryl Morris or Sam Childress

After you click **FINISH**, you will see a “Log in to DocuSign” pop-up. Click **“NO THANKS.”**



Then you will see the
“**You’re done!**”
screen.

After all recipients
finish signing, you will
receive an email with
a link to the
document.

You're done!

Thanks for using DocuSign.

After all recipients finish signing, you will receive an email with a link to the document.

30 DAY FREE TRIAL

Try DocuSign for free

Sign and send all your documents using DocuSign with a free, no-obligation 30-day trial.

[SIGN UP](#)

We use cookies to personalize content and ads, to provide social media features and to analyze our traffic. We also share information about your use of our site with our social media, advertising and analytics partners. Click "Cookie Settings" to update your personal [COOKIE SETTINGS](#)

Next, the New User will receive this email. Click **REVIEW DOCUMENT.**

Documents for your DocuSign Signature

DocuSign System <dse_na2@docusign.net>

🔗 If there are problems with how this message is displayed, click here to view it in a web browser.

Sent: Wed 9/13/2017 2:28 PM

To: Becky Jessen



Cheryl Morris sent you a document to review and sign.

REVIEW DOCUMENT

Cheryl Morris

cmorris@qualityhealthnetwork.org

I am sending you this request for your electronic signature, please review and electronically sign by following the link below.

Powered by **DocuSign**

On the next screen, the New User will click **CONTINUE**. (The form will be grayed out until you click **CONTINUE**.)

The screenshot shows a web form titled "QHN User Application" with a blue header bar. In the top right corner of the header, a yellow button labeled "CONTINUE" is circled in red. The form contains several sections: "To be Completed by Authorized Organizational Contact" (Practice, Organization, Facility Name, Department, User Information, Full Name, Preferred email contact address, NPI #, License #, User Access Requested), "Organizational Contact Signature" (Signature, Printed Name, Email address, Date), "To be Completed by User" (Security Information, Last 4 Digits of Your Social Security Number, Month and Day of Birth), and "User Acknowledgement and Signature" (User Signature, Printed Name, Date). The form is mostly grayed out, indicating it is inactive until the "CONTINUE" button is clicked.

The Application will open and the New User will fill out the last 4 of their social, as well as their birthdate.

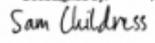
• **Demographics Only:** This User will NOT access clinical information; Patient Demographics view only.

- **Organization Results:** User will access results/demographics associated with your practice patients only.
- **Full QHN System Access:** User will access all patient results/demographics from all QHN sources. **One-time fee may apply (\$50). I understand fee will be applied to our organization's monthly invoice.** x
- **QHN Direct:** User needs Direct Email account (Tip Sheet on [Designating Direct Delegates](#)).
- **Other:**

Organizational Contact Signature

By signing below, I certify that User has completed the required **HIPAA and Confidentiality** training and all information contained herein is accurate. I affirm that all access, by my organization, to the QHN system(s) shall be in compliance with the Electronic Commerce Agreement between our organization and QHN, applicable law, QHN's Governing Policies and that any inappropriate use or access to the QHN system may result in the imposition of sanctions by QHN, against me and/or my organization that could include loss of use of the QHN System, notice to licensing authorities, and/or civil or criminal penalties. [View QHN's Governing Policies](#). I have certified the identity of the individual noted above by viewing and verifying two legal forms of identification.

Sam Childress
743BA48EAF02420 Sam Childress schildress@qualityhealthnetwork.org 6/19/2018

Designated Organization Contact Signature (required)	Printed Name	Email address	Date
	Sam Childress	schildress@qualityhealthnetwork.org	6/19/2018

To be Completed by User

Security Information (User to verify your identify for Password changes, etc.)

Last 4 Digits of Your Social Security Number:

Month and Day of Birth: Month: Day:

User Acknowledgement and Signature

It is your responsibility, as a QHN User, to ensure your password is kept confidential. Your signature below acknowledges that you understand and agree to be bound by the following statements: 1) To not share your password with anyone or ask another user for their password. 2) To not login anyone else to the QHN System using your password. 3) Upon accessing the QHN System accept the additional policies and conditions noted on the login screen.

I understand that any inappropriate access to the QHN System may result in the imposition of sanctions against me, my supervisors and/or my organization that could include loss of use of the QHN System, notice to licensing authorities, and/or civil or criminal penalties.

User Signature (required)  Charity Meinhart
Printed Name Charity Meinhart **Date** 6/19/2018

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QHN User App 12 05 17.docx 1 of 1

FINISH

Then the New User will click the **Sign** button and click **FINISH**.

• **Demographics Only:** This User will NOT access clinical information; Patient Demographics view only.

- **Organization Results:** User will access results/demographics associated with your practice patients only.
- **Full QHN System Access:** User will access all patient results/demographics from all QHN sources. **One-time fee may apply (\$50). I understand fee will be applied to our organization's monthly invoice.** x
- **QHN Direct:** User needs Direct Email account (Tip Sheet on [Designating Direct Delegates](#)).
- **Other:**

Organizational Contact Signature

By signing below, I certify that User has completed the required **HIPAA and Confidentiality** training and all information contained herein is accurate. I affirm that all access, by my organization, to the QHN system(s) shall be in compliance with the Electronic Commerce Agreement between our organization and QHN, applicable law, QHN's Governing Policies and that any inappropriate use or access to the QHN system may result in the imposition of sanctions by QHN, against me and/or my organization that could include loss of use of the QHN System, notice to licensing authorities, and/or civil or criminal penalties. [View QHN's Governing Policies](#). I have certified the identity of the individual noted above by viewing and verifying two legal forms of identification.

Sam Childress
743BA48EAF02420 Sam Childress schildress@qualityhealthnetwork.org 6/19/2018
Designated Organization Contact Signature (required) **Printed Name** **Email address** **Date**

To be Completed by User

Security Information (Used to verify your identity for Password changes, etc.)

Last 4 Digits of Your Social Security Number:

Month and Day of Birth: **Month:** **Day:**

User Acknowledgement and Signature

It is your responsibility, as a QHN User, to ensure your password is kept confidential. Your signature below acknowledges that you understand and agree to be bound by the following statements: 1) To not share your password with anyone or ask another user for their password. 2) To not login anyone else to the QHN System using your password. 3) Upon accessing the QHN System accept the additional policies and conditions noted on the login screen.

I understand that any inappropriate access to the QHN System may result in the imposition of sanctions against me, my supervisors and/or my organization that could include loss of use of the QHN System, notice to licensing authorities, and/or civil or criminal penalties.

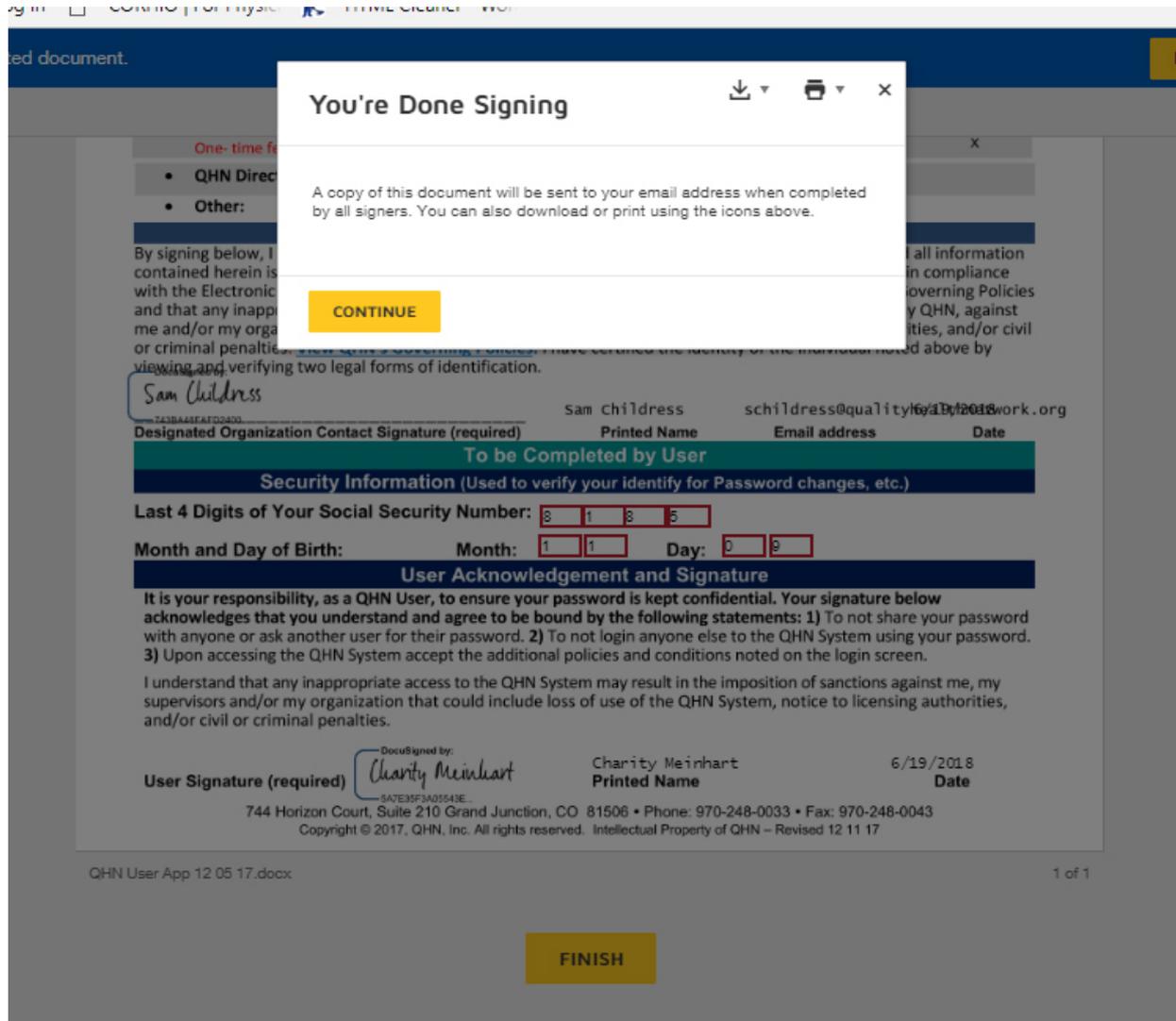
User Signature (required)  Charity Meinhart 6/19/2018
Printed Name **Date**

744 Horizon Court, Suite 210 Grand Junction, CO 81506 • Phone: 970-248-0033 • Fax: 970-248-0043
Copyright © 2017, QHN, Inc. All rights reserved. Intellectual Property of QHN – Revised 12 11 17

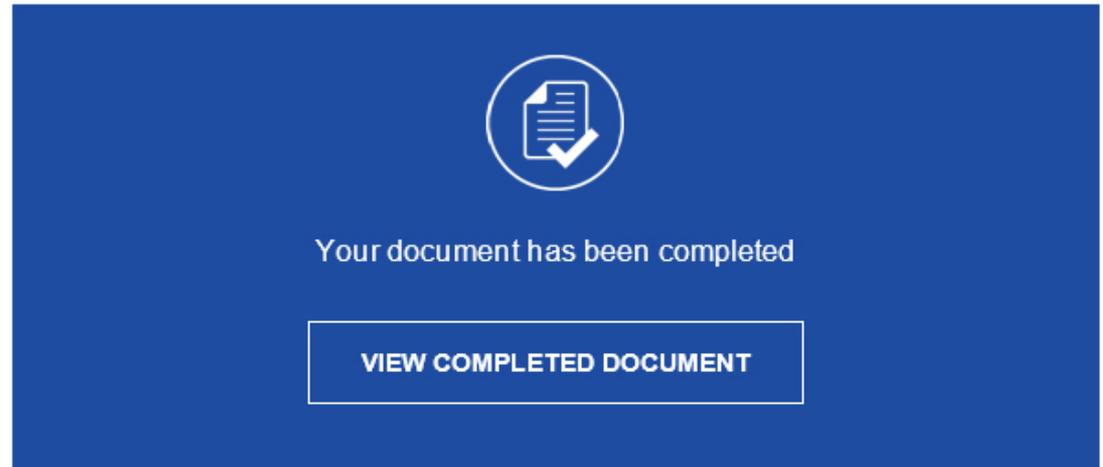
QHN User App 12 05 17.docx 1 of 1

FINISH

Then the New User will see the “You’re Done Signing” pop-up. Click **CONTINUE**.



The new user will receive an email that says “**your document has been completed.**” You can then view the completed document, if you like.



Cheryl Morris
cmorris@qualityhealthnetwork.org

All parties have completed Documents for your DocuSign Signature.

I am sending you this request for your electronic signature, please review and electronically sign by following the link below.

Powered by DocuSign



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970.248.0033



How to Reset Your Password

If you forgot your QHN password you receive an **error message**:



By using the QHN system:

I agree: (1) to be bound to and comply with all terms of the Electronic Commerce Agreement and/or any other agreements (collectively, “Agreements”) under which I have been allowed to have access and use of the QHN System; (2) to comply with all QHN Policies and QHN Standards; (3) to access and use the QHN System only as needed for Treatment, Payment, and Health Care Operations activities as allowed by HIPAA; and (4) that I am responsible for all activity and use of the QHN system associated with my username and password.

If you do not agree to all of the above terms, **DO NOT** establish a QHN username and password, and **DO NOT** use the QHN System. Your use of the QHN System affirms your agreement to the above terms.

You could not be authenticated with the credentials you provided. Please try again. [ACCOUNT=bjessen].

Username:

[Forgot Username?](#)

Password:

[Forgot Password?](#)

Login

Click on **Forgot Password**.



By using the QHN system:

I agree: (1) to be bound to and comply with all terms of the Electronic Commerce Agreement and/or any other agreements (collectively, "Agreements") under which I have been allowed to have access and use of the QHN System; (2) to comply with all QHN Policies and QHN Standards; (3) to access and use the QHN System only as needed for Treatment, Payment, and Health Care Operations activities as allowed by HIPAA; and (4) that I am responsible for all activity and use of the QHN system associated with my username and password.

If you do not agree to all of the above terms, **DO NOT** establish a QHN username and password, and **DO NOT** use the QHN System. Your use of the QHN System affirms your agreement to the above terms.

You could not be authenticated with the credentials you provided. Please try again. [ACCOUNT=bjessen].

Username:

[Forgot Username?](#)

Password:

[Forgot Password?](#)

Login

Unable to login? Click on **Forgot Password**, above, to quickly reset your password.

Please enter your Username and Password. Passwords are case sensitive.

If you need help or require a login for this application, please contact the QHN support desk @ 970-248-0033 or support@qualityhealthnetwork.org.

A new screen opens and you are prompted to enter your **Username**.

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Improving care through shared technology

SSO

 **By using the QHN system:**
I agree: (1) to be bound to and comply with all terms of the Electronic Commerce Agreement and/or any other agreements (collectively, "Agreements") under which I have been allowed to have access and use of the QHN System; (2) to comply with all QHN Policies and QHN Standards; (3) to access and use the QHN System only as needed for Treatment, Payment, and Health Care Operations activities as allowed by HIPAA; and (4) that I am responsible for all activity and use of the QHN system associated with my username and password.

If you do not agree to all of the above terms, **DO NOT** establish a QHN username and password, and **DO NOT** use the QHN System. Your use of the QHN System affirms your agreement to the above terms.

Please enter your current system username.
An email will be sent to you containing a link to reset your password.

Username:

After you enter your Username, click **Submit**.



By using the QHN system:

I agree: (1) to be bound to and comply with all terms of the Electronic Commerce Agreement and/or any other agreements (collectively, "Agreements") under which I have been allowed to have access and use of the QHN System; (2) to comply with all QHN Policies and QHN Standards; (3) to access and use the QHN System only as needed for Treatment, Payment, and Health Care Operations activities as allowed by HIPAA; and (4) that I am responsible for all activity and use of the QHN system associated with my username and password.

If you do not agree to all of the above terms, **DO NOT** establish a QHN username and password, and **DO NOT** use the QHN System. Your use of the QHN System affirms your agreement to the above terms.

Please enter your current system username.
An email will be sent to you containing a link to reset your password.

Username: |

Submit

Cancel

A **reset email** is sent to email address QHN has on file. The reset email contains a **link** to reset your password.

An account reminder from the support team at Quality Health Network at support@qualityhealthnetwork.org.

support@qualityhealthnetwork.org

 Extra line breaks in this message were removed.

Sent: Tue 10/24/2017 3:33 PM

To: Becky Jessen

We apologize for any difficulties you might be having with your account.

You or someone ~~on behalf of you~~ requested a password reset.

Please open the link [https://results.qhnapps.org/MirthSignOn-idp/selfserv?](https://results.qhnapps.org/MirthSignOn-idp/selfserv?g=pwdReset&val=XPcUffpzQTdYprLR&continue=https%3A%2F%2Fresults.qhnapps.org%2Fmirthresults%2F)

[g=pwdReset&val=XPcUffpzQTdYprLR&continue=https%3A%2F%2Fresults.qhnapps.org%2Fmirthresults%2F](https://results.qhnapps.org/MirthSignOn-idp/selfserv?g=pwdReset&val=XPcUffpzQTdYprLR&continue=https%3A%2F%2Fresults.qhnapps.org%2Fmirthresults%2F) and change the password after providing answers to the security questions.

Please do not reply to this email.

When you click the **link a new screen will open**, and you will be prompted to **answer your security questions**.

Application Logo SSO

Please Provide Answers to the Below Questions

In what city did you meet your significant other?

What was your first pet's name?

[Verify](#)

[About](#) ⓘ

Please note that security questions are **CASE SENSITIVE**.

Application Logo SSO

Please Provide Answers to the Below Questions

In what city did you meet your significant other?

What was your first pet's name?

[Verify](#)

[About](#) ⓘ

Enter your answers and click **VERIFY**.

Application Logo SSO

Please Provide Answers to the Below Questions

In what city did you meet your significant other?

What was your first pet's name?

Verify

About 

Follow the guidelines, enter a new password, and click **CHANGE**.

New passwords must follow the following guidelines:

- May not be blank.
- Must be at least 8 characters long.
- Must be no more than 20 characters long.
- Must contain 1 or more letters.
- Must contain 2 or more numbers.
- Must not be in your password history.

New Password:

Confirm New Password:

Change

Notice of a **successful password change** appears.



You will be automatically redirected to the page **Successfully updated the password.** <https://results.qhnapps.org/mirthresults/>

Copyright © 2017 Mirth Corporation. All rights reserved. | Mirth Sign On | 10/25/2017 12:45:34PM MDT

You will be redirected **back to the login page.**



By using the QHN system:

I agree: (1) to be bound to and comply with all terms of the Electronic Commerce Agreement and/or any other agreements (collectively, "Agreements") under which I have been allowed to have access and use of the QHN System; (2) to comply with all QHN Policies and QHN Standards; (3) to access and use the QHN System only as needed for Treatment, Payment, and Health Care Operations activities as allowed by HIPAA; and (4) that I am responsible for all activity and use of the QHN system associated with my username and password.

If you do not agree to all of the above terms, **DO NOT** establish a QHN username and password, and **DO NOT** use the QHN System. Your use of the QHN System affirms your agreement to the above terms.

Username:

[Forgot Username?](#)

Password:

[Forgot Password?](#)

Login

Unable to login? Click on ***Forgot Password***, above, to quickly reset your password.

Please enter your Username and Password. Passwords are case sensitive.

If you need help or require a login for this application, please contact the QHN support desk @ 970-248-0033 or support@qualityhealthnetwork.org.

If you are unable to reset your password, there are **three ways to contact us:**



Phone: 970-248-0033

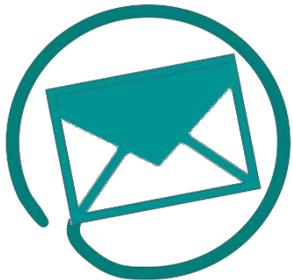
Hours: M-F, 7:30 am - 5:00 pm

After hours messages are returned next business day.



Customer Support Request

Available 24/7 at qualityhealthnetwork.org



Support Email: Support@qualityhealthnetwork.org

Hours: M-F, 7:30 am - 5:00 pm

After hours emails are returned next business day.

To complete a **Customer Support Request**, go to qualityhealthnetwork.com and click on **Customer Support Request**.

Who We Are
QHN was created in 2004 to improve the health of people who live across western Colorado.
[READ MORE](#)

What We Do
We provide for the secure exchange of electronic health information when and where it's needed.
[READ MORE](#)

Customer Secure Login
[QHN LOGIN | QHN DIRECT](#)
[QHN DIRECT ONLY](#)
[CUSTOMER SUPPORT REQUEST](#)

QHN is a not-for-profit community partnership, established in 2004 to support the adoption of health information technology, provide health information exchange (HIE) services and promote innovative uses of electronic health information for improved healthcare outcomes. QHN's uniquely connected technology allows its network to not just exchange information, but enhance care coordination, and support the data needs of high value applications.

WHAT'S NEW

QHN New System Release
September 28, 2016

Release Highlights

- **My Patients** option allows providers to search using patient last name only
- **Filter by Date** results displayed in Patient Summary
- **Other Encounters** section has been added to segregate encounters that are not identified as Inpatient, Ambulatory or Emergency

[Click for Release Details](#)

IMAGE EXCHANGE

Image Exchange and Image Enabled Results Delivery (IERD) are QHN's newest service offerings based on the provider identified need to have immediate access to diagnostic quality medical images across the QHN HIE. Image Exchange launched with Aspen Valley Hospital and Colorado Canyons Hospital and Medical Center, Fruita, CO, in 2015. In early 2016, two additional hospitals will be launching the Image Exchange service - Grand River Health and Valley View Hospital.

[Customer Support Request](#) >

[Current Newsletter](#) >

[Event Calendar](#) >

Fill out the form and click **Submit**.

uest >

Contact First/Last Name*

>

Contact Email*

>

Your Practice, Facility or Organization Name*

>

Contact Phone*

Customer Priority
--None-- ▼ Critical | High | Medium | Normal (Mouse over text for details.)

Subject **Do Not Include PHI**

Description (Please include as much information as possible including Patient Name, Date, Type of Result and Organization Generating Result). **This field is HIPAA compliant and may include PHI.**

Submit



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Questions?



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