Request to Create QHN System Patient ID

The information below is required if you wish to request that a patient ID be established in the QHN system. You acknowledge that a search for the patient ID in the QHN system has been completed and to the best of your knowledge the below indicated patient does not appear.

Once this form is completed, QHN will validate the request to assure there are no conflicting records and establish the patient ID which will then populate with the appropriate patient documents, clinical results and other community records over time.

The individual completing this request will be notified once the Patient ID has been created. Please complete this form by typing into the below fields. Since this form contains Protected Health Information (PHI), once completed, it may be electronically signed and emailed using QHN Direct to: qhnsupport@qhndirect.org or printed, signed and faxed to QHN at: 970.248.0043, or mailed using the address below.

Requesting Organization and Contact Information

Practice | Organization | Facility Name: Department:

Street: City: State: Zip:

Phone: Fax:

Name of Individual Completing Request: Email:

First *Last* *M.I.*

Please indicate the reason for the request (briefly describe reason to add patient ID):

Patient Information

First Name: Middle Initial: Last Name:

DOB: Gender: Female ☐ Male ☐ Unspecified ☐ SSN: ☐☐☐ ☐☐ ☐☐☐☐

Street: City: State: Zip:

Phone: Driver's License Number: MRN:

By signing below, I certify that I am an authorized representative of the organization noted above and that I have the authority to request the creation of a Patient ID in the QHN system for the patient whose identifying information has been completed above.

Acknowledgement and Signature

Signature: _____ **Date:** _____

Printed Name: _____

QHN Office Use Only:

744 Horizon Court, Suite 210 Grand Junction, CO 81506 • Phone: 970-248-0033 • Fax: 970-248-0043