

updated January 2020

Requesting a new QHN user is easy! Simply complete the form on our website. See below for more details.

A New User Application will be sent to the **Designated Organizational Contact**. Then it will automatically go to the new User. The form will be sent via email utilizing the electronic signature service DocuSign.

Request a New QHN User:

1

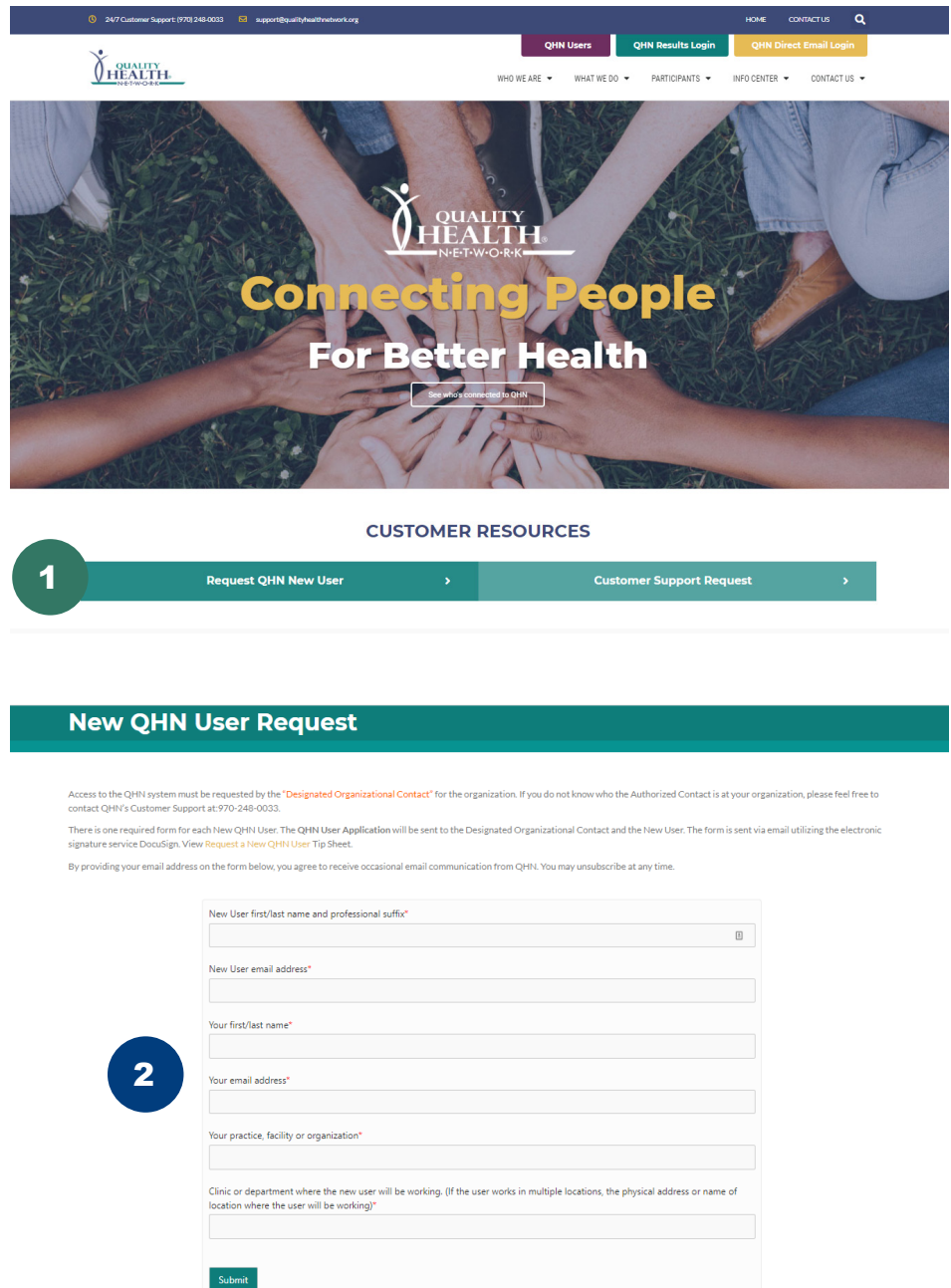
Go to qualityhealthnetwork.org

Scroll down below the main image banner and click on the green “Request QHN New User” button.

2

Complete the required information, being sure to use an active and monitored email account, as the New User form will be directed to this email address. Click Submit.

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

The screenshot shows the Quality Health Network website interface. At the top, there is a navigation bar with links for 'HOME', 'CONTACT US', and a search icon. Below the navigation bar, there are three tabs: 'QHN Users', 'QHN Results Login', and 'QHN Direct Email Login'. The main content area features a large banner image of hands stacked together with the text 'Connecting People For Better Health'. Below the banner, there is a 'CUSTOMER RESOURCES' section with a green button labeled '1 Request QHN New User'. Below this, there is a 'New QHN User Request' form with the following fields:

- New User first/last name and professional suffix*
- New User email address*
- Your first/last name*
- Your email address*
- Your practice, facility or organization*
- 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)*

A 'Submit' button is located at the bottom of the form.

Request a New QHN User cont.:

New User Requests are typically responded to within one business day.

Prior to sending form via DocuSign, an email is sent to those who will be receiving the form explaining the DocuSign process.

The New User Application Form is sent directly to the designated org contact, and once completed, is sent to the User for whom access is being requested.

3

Click REVIEW DOCUMENT, and the window below will open.

4

Click CONTINUE, complete all required fields, electronically sign the form, and click Finish.

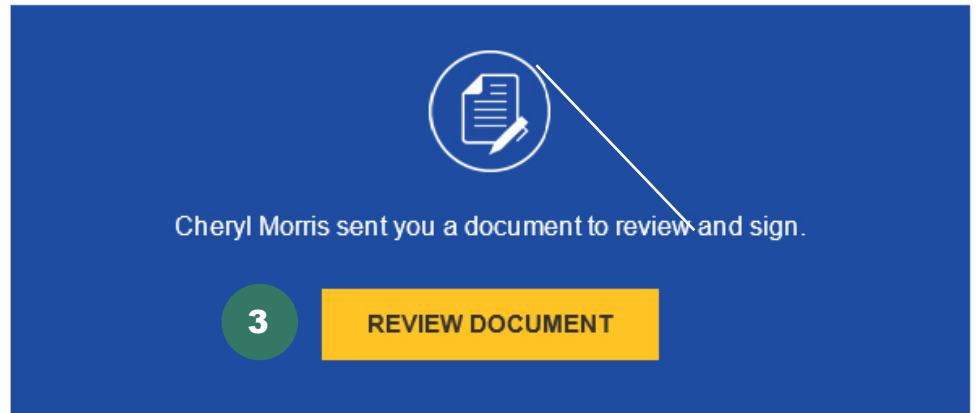
Once these steps are completed, the document is automatically sent back to QHN.

All signers of the request receive a copy via email.

★ QHN's DocuSign emails are stamped with the QHN logo and sent by the Customer Support team. In this case, Cheryl Morris.

Please NOTE: Those receiving DocuSign forms are sent intermittent reminder emails.

DocuSign forms expire in 30 days.

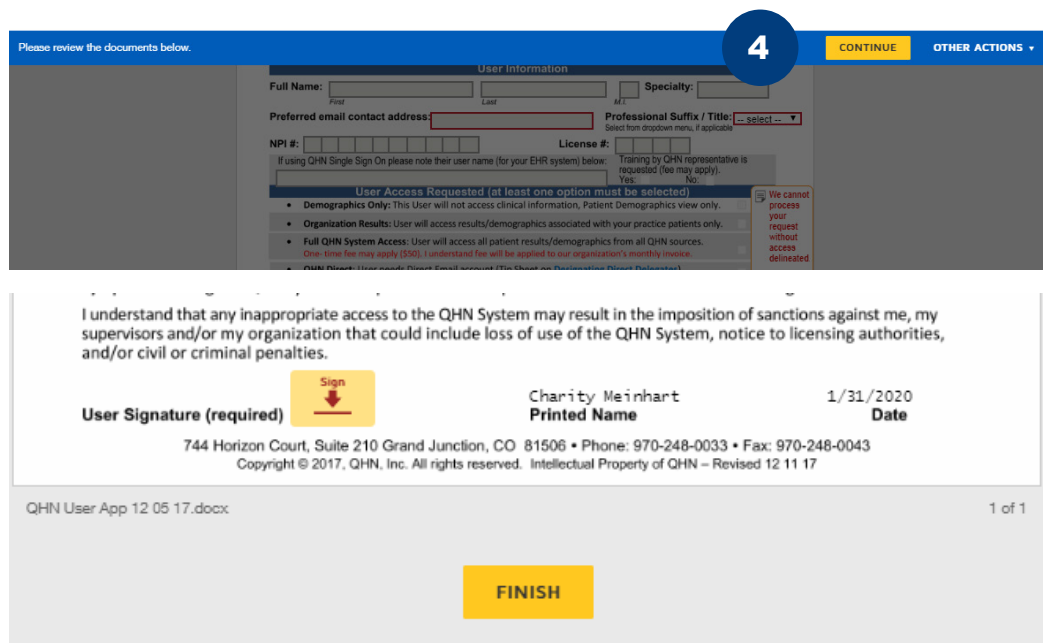


Cheryl Morris

cmorris@qualityhealthnetwork.org

Please complete the attached New QHN User Application form, Once the form fields are complete and the document has been signed via DocuSign it will automatically be sent to QHN Customer Support and you will receive a copy via email. If you have questions please feel free to contact Customer Support at: 970-248-0033. Thank you,

Powered by **DocuSign**



Please review the documents below.

4 CONTINUE OTHER ACTIONS ▾

User Information

Full Name: First Last M.I. Specialty:

Preferred email contact address: Professional Suffix / Title: Select from dropdown menu, if applicable

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 Patient Information: Patient Email addresses that change on the monthly invoice may not be updated.

We cannot process your request without access granted.

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** **1/31/2020** **Date**

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