

QHN Tip Sheet #23 Request a New QHN User

updated March 2023

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.

Please note: if you are a CRN user and/or a QHN **and** CRN user, you will notice a page two. Please enter the information indicated on page 2 as well. Call 970.248.0033 with questions or if you need help.

Request a New QHN User:



Go to qualityhealthnetwork.org

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

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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.

© 24/7 Customer Support (970)248	0033 🖻 support@qualityhealthetwork.org	l		QHN Results Login	HOME CONTRACTUS Q QHN Direct Email Login
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	Request QHN New User	>	Custom	er Support Rec	juest >
Access to the QHN system must b contact QHN's Customer Support	Ser Request requested by the "Designated Organizati at 970-248-0033. New QHN User. The QHN User Applicat				
signature service DocuSign. View	Request a New QHN User Tip Sheet. the form below, you agree to receive occa				
	New User first/last name and professiona New User email address*	l suffix"			0
	Your first/last name*				
2	Your email address*				
	Clinic or department where the new user location where the user will be working)"	will be working. (If the user works in	multiple locations, the phy	sical address or name	r of
	Submit				





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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.



Click REVIEW DOCUMENT, and the window below will open.

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

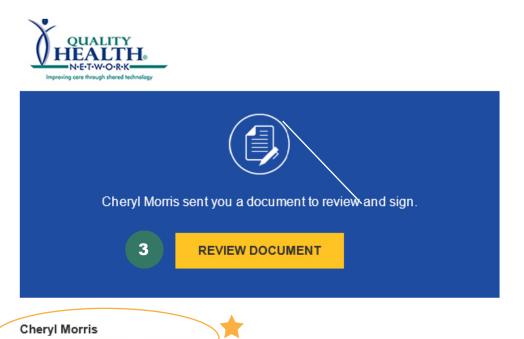
Once these steps are completed, the document is automatically sent back to QHN.

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.



cmorris@qualityhealthnetwork.org

Please compete 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

review the documents below.			4	CONTINUE	OTHER ACT
	Full Name:	User Information Specialty:			
	Full Name:	Last Specialty:			
	Preferred email contact addre	Professional Suffix / Title: Select from dropdown menu, if applicable	select 🔻		
	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).			
	User Acces	SS Requested (at least one option must be selected)	We cannot		
		User will not access clinical information, Patient Demographics view only.	process		
		will access results/demographics associated with your practice patients only.	request without		
		 I understand fee will be applied to our organization's monthly invoice. 	access delineated		
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