



Healthix

EXCHANGING INFORMATION
TO TRANSFORM PATIENT CARE

Guide to
Completing
the User
Provisioning
Form.



Welcome!

At Healthix, we want to ensure that our customers have the tools they need to be successful users of the health information exchange, understand their roles and responsibilities, and have helpful resources available to them. This guide is for Authorized User Managers (AUM) of Healthix.

Please note the following prior to filling out the form:

Failure to fill out the UPF exactly as indicated will result in:

- Users NOT being provisioned.
- Longer turnover time for your request.
- Delayed access to patient data.

QUESTIONS? We are here to help

Contact your [Relationship Manager](#)
or [Customer Support](#)

Authorized User Managers (AUM)

All AUMs should have been designated, trained and attested prior to completing and submitting this User Provisioning Form (UPF).

- Designation: <https://healthix.org/designate-aum/>
- Training: <https://healthix.org/aum/>
- Attestation: <https://healthix.org/aumrole/>

Completing the User Provisioning Form

Requirements:

- Only designated AUMs are allowed to fill out and submit the form.
- The form can only be submitted from the AUM's email address.
- The form is an Excel file and must be completed, saved and submitted as an Excel file. We pull data directly from the file.
- No handwritten or PDFs will be accepted.
- Please complete the green section at the top of this form prior to submitting.
- Do not abbreviate any entries.

To download the most recent UPF visit: <https://healthix.org/aum/>

Healthix

User Provisioning Form (UPF) for requesting User Access
3.0

Definitions:
Minor Consent: Compliance approval required for providers of Minor Consented Services. For more info [Minor Consented Services](#)
Hosted Registration: Change to 'YES' only if your organization adds consent using the Healthix Portal.

Required:
Organization: _____
Attested AUM: _____
Name: _____
Title: _____
Phone: _____
Email: _____
Date: _____

v3.0_2023_1114

Break The Glass: Only available to clinicians providing emergency services in acute hospital organizations.
CMC: Clinical Message Center in the Portal where alerts will display for designated recipients (separate CEN worksheet required).
Local EMR System: EMR Login ID needed if your EMR allows direct access to Healthix via SSO or supports CCD queries.

Last Name	First Name	User Title (select from dropdown only)	Minor Consent	Hosted Registration	Break The Glass	Healthix Alerts through CMC	Access Authority (auto-populates)	Email Address (email addresses must be unique per user)	Mobile Number (digits only)	Local EMR System Login ID	NPI (required for Practitioners)
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					

IMPORTANT

Do not reuse OLD User Provisioning Forms. Always download the most recent version from our website and complete in Excel.

Completing the User Provisioning Form



User Provisioning Form (UPF) for requesting User Access

3.0

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Required:	
Organization:	
Attested AUM:	
Name:	
Title:	
Phone:	
Email:	
Date:	

v3.0_2023_1114

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1			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					

Last Name is in the first column.

Step 1

Confirm "Last Name" is entered in the first column.

Do not abbreviate any entries.

Completing the User Provisioning Form



User Provisioning Form (UPF) for requesting User Access

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Required:	
Organization:	
Attested AUM:	
Name:	
Title:	
Phone:	
Email:	
Date:	

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1	2		NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
	First Name is in the Second column.		NO	NO	NO	NO					
Last Name is in the first column.			NO	NO	NO	NO					
			NO	NO	NO	NO					

Steps 1 & 2

Confirm "Last Name and First Name" are in the correct order.

Do not abbreviate any entries.

Completing the User Provisioning Form



User Provisioning Form (UPF) for requesting User Access

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			NO	NO	NO	NO					
		MD	NO	NO	NO	NO					
		Resident	NO	NO	NO	NO					
		Fellow	NO	NO	NO	NO					
		Physician Assistant	NO	NO	NO	NO					
		Nurse Practitioner	NO	NO	NO	NO					
		Nurse Midwife	NO	NO	NO	NO					
		ED Nurse (RN)	NO	NO	NO	NO					
		Nurse (RN)	NO	NO	NO	NO					
		LPN	NO	NO	NO	NO					
		Respirator	NO	NO	NO	NO					
		Rehabilitation Therapist	NO	NO	NO	NO					
		Pharmacist	NO	NO	NO	NO					
			NO	NO	NO	NO					

3

User Title

Required:	
Organization:	-----
Attested AUM:	Name: -----
	Title: -----
	Phone: -----
	Email: -----
	Date: -----
v3.0_2023_1114	

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Local EMR System: EMR Login ID needed if your EMR allows direct access to Healthix via SSO or supports CCD queries.

Note: Click in the first light blue row to get the drop-down arrow. You can only select from options in the drop-down menu.

Choose an option that best corresponds to your title. If your specific title is not available, kindly select the closest equivalent option.

TIP
 You can continue to use the drop-down menu with each column and row that needs to be filled out.

Filling Out the User Provisioning Form



User Provisioning Form (UPF) for requesting User Access

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Required:	
Organization:	
Attested AUM:	Name: _____
	Title: _____
	Phone: _____
	Email: _____
	Date: _____
v3.0_2023_1114	

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			4	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					

The Minor Consent role is only for pediatric practices that provide minor consented services.

Providers of minor consented services can be added to the practitioner's user account so that they can obtain a one-time consent override from a minor patient.

Note: Minor consent requires additional training and auditing. Please contact your Relationship Manager for additional information if you are unsure if this role applies to you.

TIP
 You can continue to use the drop-down menu with each column and row that needs to be filled out.

Filling Out the User Provisioning Form



User Provisioning Form (UPF) for requesting User Access

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Definitions:

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Last Name	First Name	User Title (select from dropdown only)	Minor Consent	Hosted Registration	Break The Glass	Healthix Alerts through CMC	Access Authority (auto-populates)	Email Address (email addresses must be unique per user)	Mobile Number (digits only)	Local EMR System Login ID	NPI (required for Practitioners)
			NO	5	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					

Hosted Registration

Required:	
Organization:	
Attested AUM:	
	Name:
	Title:
	Phone:
	Email:
	Date:

v3.0_2023_1114

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Local EMR System: EMR Login ID needed if your EMR allows direct access to Healthix via SSO or supports CCD queries.

Hosted Registration is a tool for consent entry on the Healthix Portal.

This does not apply to everyone who collects patient consent, only to those who enter consent in the Portal.

Each staff member that is collecting patient consent must have their users identified by selecting "yes".

Note: Hosted Registration requires additional training and auditing.

TIP
 You can continue to use the drop-down menu with each column and row that needs to be filled out.

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			NO	NO	6	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					

Break The Glass

Required:	
Organization:	
Attested AUM:	
Name:	
Title:	
Phone:	
Email:	
Date:	

v3.0_2023_1114

Break The Glass: Only available to clinicians providing emergency services in acute hospital organizations.
CMC: Clinical Message Center in the Portal where alerts will display for designated recipients (separate CEN worksheet required).
Local EMR System: EMR Login ID needed if your EMR allows direct access to Healthix via SSO or supports CCD queries.

Break the Glass functionality is only permitted for providers in a Hospital for emergency patient care, allowing one time access to authorized providers.

Break the Glass requires additional training and auditing. Please contact your Relationship Manager for additional information if you are unsure this role applies to you.

TIP
 You can continue to use the drop-down menu with each column and row that needs to be filled out.

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Required:	
Organization:	
Attested AUM:	
Name:	
Title:	
Phone:	
Email:	
Date:	

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Last Name	First Name	User Title (select from dropdown only)	Minor Consent	Hosted Registration	Break The Glass	Healthix Alerts through CMC	Access Authority (auto-populates)	Email Address (email addresses must be unique per user)	Mobile Number (digits only)	Local EMR System Login ID	NPI (required for Practitioners)
			NO	NO	NO	7					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					

Alerts through CMC

All CMC Alert recipients must have active portal accounts.

Alerts through CMC functionality is only required for organizations that have established an alert program delivering notifications directly into the Healthix Portal.

If "Yes", please note an additional form – the [CEN Worksheet](#) must be submitted to your RM after your end users have completed training.

TIP

You can continue to use the drop-down menu with each column and row that needs to be filled out.

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Required:	
Organization:	
Attested AUM:	
Name:	
Title:	
Phone:	
Email:	
Date:	

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			NO	NO	NO	NO	8				
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					

Access Authority is a locked cell; the value will be determined by the user title selected in the third column.

You do not need to complete this field.

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			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					

9

Email Address

Required:	
Organization:	
Attested AUM:	
	Name:
	Title:
	Phone:
	Email:
	Date:

v3.0_2023_1114

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Each user is required to provide an email address that is unique and only accessed by the person getting this user account.

For auditing purposes, our system requires a unique email address for each end user. Group email addresses are not permitted as per Healthix Policy.

Do not copy and paste information into the spreadsheet.

Filling Out the User Provisioning Form



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Last Name	First Name	User Title (select from dropdown only)	Minor Consent	Hosted Registration	Break The Glass	Healthix Alerts through CMC	Access Authority (auto-populates)	Email Address (email addresses must be unique per user)	Mobile Number (digits only)	Local EMR System Login ID	NPI (required for Practitioners)
			NO	NO	NO	NO			10		
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					

Required:	
Organization:	
Attested AUM:	Name: _____ Title: _____ Phone: _____ Email: _____ Date: _____
v3.0_2023_1114	

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Local EMR System: EMR Login ID needed if your EMR allows direct access to Healthix via SSO or supports CCD queries.

When entering your number, enter digits only. The addition of parentheses and hyphens will be automated: E.g. (000) 000-0000

A unique mobile number is required for all portal users to allow text based Multi-factor authentication process.

Land lines cannot be provided as a phone number for multi-factor authentication.

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			NO	NO	NO	NO				11	
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					

Required:	
Organization:	-----
Attested AUM:	Name: -----
	Title: -----
	Phone: -----
	Email: -----
	Date: -----
v3.0_2023_1114	

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Local EMR System: EMR Login ID needed if your EMR allows direct access to Healthix via SSO or supports CCD queries.

Required for Single Sign-On, CCD/C-CDA query capabilities via EMR.

Local EMR System Logon ID:
This is the end user's log in for their local EMR.

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			NO	NO	NO	NO					12
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					

Local EMR System Logon ID

National Provider Identification (NPI) is required for all licensed practitioners with credentials MD, DO, or DPM.

Submitting the User Provisioning Form

Review:

- Once all required fields are completed, save the file in Excel with the name of your organization, month and year (e.g., SmithMedical_June_2023)
- Send the file via email to your Relationship Manager (no encryption needed).
- You will be contacted by your Relationship Manager if there are errors in the form submitted or for clarification.
- Submitted UPFs will process on average, within one business day.
- Training links for users should be received by email within two business days of the UPF processing.

COMPLIANCE TIP

Please remember to share terminated/resigned employee information with Healthix to cut off access to the portal.

Organization and Attested AUM

13 **Required:**

Organization: _____
 Attested AUM: _____
 Name: _____
 Title: _____
 Phone: _____
 Email: _____
 Date: _____

v3.0_2023_1114

Definitions:
 3.0
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			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					
			NO	NO	NO	NO					

The green box/section at the top of this form must be completed prior to submitting the form.

Please review the form and confirm the information is accurate and complete prior to final submission.

Reminder: The form can only be submitted from the AUM's email address.

Contact information

Support Tickets

<https://www.healthix.org/contactus/>

Relationship Manager:

<https://www.healthix.org/find-your-account-manager/>

www.healthix.org

Call: 1-877-695-4749

Email: CustomerSupport@healthix.org

