

899 North Capitol Street, NE, 6th Floor, Washington, DC 20002

DC-HIE DIRECT Messaging Organization Enrollment Form

Part 1: ORGANIZATION INFORMATION

Organization Name _____ NPI Number (If Applicable) _____

Organization Address Line 1 _____ Line 2 _____

City _____ State _____ Zip Code _____

Individual submitting on behalf of the organization:

Last Name _____ First Name _____

Title: _____ Email Address _____

Phone Number _____

Part 2: ORGANIZATION DIRECT MESSAGING ADDRESS FORMAT

Your DC-HIE DIRECT Messaging address will be structured as follows: organizationname@DIRECT.DC-HIE.org, organizationname.location@DIRECT.DC-HIE.org or organizationname.department@DIRECT.DC-HIE.org

Preferred address: _____@DIRECT.DC-HIE.org

How many health care providers will be served by this DIRECT Messaging address? _____

Part 3: DELEGATE END USER AND AUTHENTICATION INFORMATION

Site Administrator Primary End User 1:

Last Name _____ First Name _____

Business Email Address _____

Mobile Phone Number (must be SMS enabled) _____

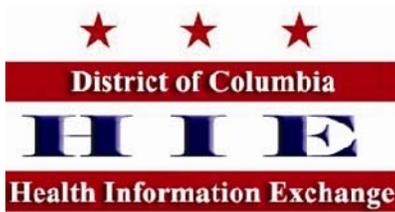
Mobile Phone Carrier _____

Messaging Notification Preference:

Do you want a notification alert when new messages arrive in your DIRECT Messaging Inbox?
 Yes No

I want my notifications and my one time password sent to my:

- Business Email address
- Mobile Phone
- Both my Email and my phone



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Delegate End User 2:

Last Name _____ First Name _____

Business Email Address _____

Mobile Phone Number (must be SMS enabled) _____

Mobile Phone Carrier _____

Messaging Notification Preference:

Do you want a notification alert when new messages arrive in your DIRECT Messaging Inbox?

Yes No

I want my notifications and my one time password sent to my:

- Business Email address
- Mobile Phone
- Both my Email and my phone

Delegate End User 3:

Last Name _____ First Name _____

Business Email Address _____

Mobile Phone Number (must be SMS enabled) _____

Mobile Phone Carrier _____

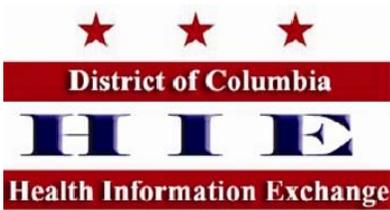
Messaging Notification Preference:

Do you want a notification alert when new messages arrive in your DIRECT Messaging Inbox?

Yes No

I want my notifications and my one time password sent to my:

- Business Email address
- Mobile Phone
- Both my Email and my phone



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The undersigned has presented current government-issued ID containing the individual's name and photograph.

The undersigned applicant warrants, represents, and attests that all facts and information provided are accurate, current, complete and not misleading and that he or she:

1. Has completely and accurately represented his or her identity;
2. Is authorized to act on behalf of the organization
3. Represents an organization that employs at least one health care provider who is licensed, certified or registered by the District of Columbia Department of Health and holds a license, certificate or registration that is in good standing

THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF THE NOTARY.

Signature: _____ Date: _____

Part 3 – INSTRUCTIONS FOR NOTARY

FOR THE PURPOSES OF THIS DOCUMENT, PERSONAL ACQUAINTANCE WITH THE INDIVIDUAL IS INSUFFICIENT. YOU MUST:

1. Review a current government-issued ID containing the individual's name and photograph.
2. Ensure that the name on the government-issued ID matches the name provided by the applicant in Part 1 and the applicant's signature.

Part 4 – TO BE COMPLETED BY THE NOTARY

District of Columbia

CITY/STATE OF _____, to-wit:

The foregoing instrument was acknowledged before me in the above-stated jurisdiction this ____day of _____, ____by _____ who personally appeared before me and signed or attested the same in my presence, and presented a government-issued photo ID card as proof of his/her identity.

Notary Public

Notary registration number: _____ My commission expires: _____

This space reserved for notary seal: