



Direct Secure Messaging Identity Verification Form Instructions

1. This form must be completed by an Authorized Representative (a person who has signing authority on behalf of the organization) in its entirety and notarized by a current/licensed notary public. You must present two types of identification from the list below (one must be a photo ID) to the notary, as proof of identity. The Authorized Representative or a Point of Contact designated by the Authorized Representative is responsible for managing the Direct Secure Messaging Organization account and approving Suborganization, Individual, and Delegate accounts associated with the Organization.

The following current types of identification may be used

- A current document issued by the federal government or a state, county, municipal or other local government and containing the person's photograph, signature and physical description
- A current driver license or current identity card issued by any state
- A current United States passport or a current officially recognized passport of a foreign country. A United States passport means a U.S. passport and a U.S. passport card issued by the U.S. Department of State.
- A current United States military identification card or draft record
- A current identity card issued by a federally recognized Indian tribe
- Voter's Registration card
- Birth Certificate
- US Coast Guard Merchant Mariner Card
- US Citizen ID Card (Form I-197)



2. Once notarized, this form must be signed and for following methods: a) email at info.dc.hie@dc.gov b) facsimile at 202-442-4790 or c) postal mail at DHCF, 609 H Street NE, 1st Floor, Washington, DC 20002-4210 Attn: Direct Secure Messaging Subscription.
3. Once all information has been received, reviewed and approved by DC HIE, you will receive email notification regarding how to login and use Direct Secure Messaging.

For questions regarding the identity verification process or the status of this form, please contact DC HIE at info.dc.hie@dc.gov

Identity Verification Instructions

Authorized Representative Name _____
(First name, Middle Initial, Last Name)

Authorized Representative Title _____

Authorized Representative E-mail Address _____

Business Phone Number _____ Fax Number _____

Organization Name _____

Organization Type (Circle) Hospital * Provider Practice/Clinic * Health Plan * Other

Organization Mailing Address _____

City _____ State _____ Zip Code _____

HIPAA (Check One) Covered Entity Business Associate

Complete this section if you would like to designate an individual other than yourself as the Point of Contact for your Organization with DC HIE. This individual would be responsible for managing the Organization account and approving registrations which are designated as affiliates of the Organization.

Point of Contact Name _____

Point of Contact Title _____

Point of Contact Email Address _____

Point of Contact Phone Number _____ Fax Number _____

I hereby represent that all above information is true and accurate

Authorized Representative Signature _____
(Sign in the presence of a notary)

To be completed by the notary service

State of _____ County of _____

I hereby certify that on this _____ day of _____, 201_____, _____
(Authorized Representative Name Above)

Personally appeared before me the signer and subject of the above form, who signed or attested to the same in my presence, and presented the following two forms of identification as proof of his/her identity: Use two types of identification shown from the list of identification types on the first page.

Photo ID _____ Expires/Issued _____

And _____ Expires/Issued _____

Notary Public _____

a. My Commission Expires _____
Notary Public

Signature _____