



## Direct Secure Messaging Identity Verification Form Instructions

*(For Organizations: hospitals, health plans, clinical practices, pharmacies, etc.)*

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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

- 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
- Driver's license or identity card issued by any state
- United States passport or an 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.
- United States military identification card or draft record
- 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 forwarded to DC HIE via one of the following methods: a) email at [info.dc-hie@dc.gov](mailto: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](mailto:info.dc-hie@dc.gov)**



Direct Secure Messaging Identity Verification Form

Direct Subscriber Name \_\_\_\_\_

(First Name, Middle Initial, Last Name)

Title \_\_\_\_\_

E-mail Address \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Organization Name \_\_\_\_\_

Organization Type: Hospital \* Provider Practice/Clinic \* Health Plan \* Pharmacy \* Other

Organization Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I hereby represent that all above information is true and accurate

Subscriber Signature \_\_\_\_\_

(Sign in the presence of a notary)

..... BELOW THIS LINE TO BE COMPLETED BY NOTARY. ....

State of \_\_\_\_\_ County of \_\_\_\_\_

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_,

(Authorized Subscriber Name Above) \_\_\_\_\_

personally appeared before me and signed or attested to his/her intention to seek a Direct Secure Messaging account in my presence, and presented the following forms of identification as proof of his/her identity:

Photo ID \_\_\_\_\_, Expires/Issued \_\_\_\_\_

Photo ID \_\_\_\_\_, Expires/Issued \_\_\_\_\_

Notary Public (name) \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Notary Signature \_\_\_\_\_