District of Columbia
HIE
Health Information Exchange

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

DC-HIE DIRECT Messaging For Providers Update Form

Part 1: PROVIDER INFORMATION (PRIMARY END USER)

Name:

I want to: ☐ Update My User Information ☐ Update Notification Preference

Reflect Changes Below:

Organization Name

Organization Address Line 1 _____ Line 2 _____

City _____ State _____ Zip Code _____

Office Phone Number

Email Address _____

Mobile Phone Number (must be SMS enabled) _____

Mobile Phone Carrier

Notification Preferences:

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

I want my One Time Password (OTP) and message notifications sent to my:

☐ Email address
☐ Mobile Phone
☐ Both my Email and my phone

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Part 2: UPDATE DELEGATE END USER(S) AND AUTHENTICATION INFORMATION

I want to: ☐ Add Delegate ☐ Drop Delegate ☐ Update Delegate Information

Delegate End User 1:

Current Delegate Name (if Applicable): _____

New Delegate Information (if Applicable):

Last Name _____ First Name _____

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:
☐ Email address ☐ Mobile Phone ☐ Both my Email and my phone

Delegate End User 2:

I want to: ☐ Add Delegate ☐ Drop Delegate ☐ Update Delegate Information

Current Delegate Name (if Applicable): _____

New Delegate Information (if Applicable):

Last Name _____ First Name _____

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:
☐ Email address ☐ Mobile Phone ☐ Both my Email and my phone