



## NIHN Connect Practice Setup Form

The purpose of this form is to collect the information required to setup your practice on the NIH Connect Health Information Exchange (HIE). Please enter as much information as possible to help ensure proper setup.

Once completed, please email form to [setups@mobilemd.com](mailto:setups@mobilemd.com) or fax to (801)697-8642.

Practice Information	
Practice Name:	
Primary Address:	
Phone Number:	
Fax Number:	
Primary Practice Contact / Administrator:	
Name:	
Title / Position:	
Phone Number (if different from above):	
Email Address:	
Do you have an EHR in place at your practice? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EHR vendor name:	
EHR version if known:	

Please enter all active physicians associated with your practice and include their North Idaho Health Network membership status when applicable. Email addresses will be used to notify physicians of a password reset.

Practice Physicians			
Full Name	Status (Member/Non Member)	Phone #	Email Address (Required) Practice Email Acceptable

Please enter all practice personnel who require user accounts to access NIHN Connect HIE. Indicate if the user should have access to additional features by checking the box in the Global Search. Email addresses will be used to notify users of a password reset.

Practice Users		
Full Name	Email Address	Global Search <sup>1</sup>

Thank you for completing the NIHN Connect HIE Practice Setup Form.

**Please email the completed form [setup@mobilemd.com](mailto:setup@mobilemd.com) or fax to (801) 697-8642**

<sup>1</sup> Break the Glass access to results where there's not an established patient / physician relationship