

## Great Lakes Health Connect Authorized Business Representative Identity Verification Form

This form must be completed in order to register the organization to use the Great Lakes Health Connect GLHC Direct service.

- Please complete all sections before the form is returned.
- Make sure to include the Organization's FEI/EIN. Also include the Organization's NPI (if applicable).
- The **Authorized Business Representative** (Direct Administrator who will create/manage Direct user accounts) completing Section II should be a different individual than the one who completes and signs Section III: Organization Officer.
- The **Organization Officer** (i.e. Manager of the Authorized Business Representative) completing Section III must have the authority to designate the Authorized Business Representative to act on behalf of the organization.
- Once completed, email this form to your local GLHC Implementation Consultant or [direct@gl-hc.org](mailto:direct@gl-hc.org).

### Section I: Organization Information

Organization Name:		
Telephone:	Email:	
Address 1:	City:	
Address 2:	State:	Zip:
Organization FEI/EIN:	Organization NPI:	
HIPAA Covered Entity [ <input type="checkbox"/> ]	HIPAA Business Associate [ <input type="checkbox"/> ]	Healthcare-Related Organization [ <input type="checkbox"/> ]

### Section II: Authorized Business Representative

Authorized Rep Name:	Title:
Telephone:	Email:
Authorized Rep Signature:	Date:

### Section III: Organization Officer

Name:	Title:
Telephone:	Email:
I am authorized on behalf of the organization identified in this form to confirm that the individual named as Authorized Business Representative in Section II of this form is authorized to act on behalf of our organization.	
Signature:	Date:

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