



Elysium User Account Form

ACTION TO BE TAKEN

- NEW ACCOUNT
- ACCOUNT TERMINATION

SELECT AUTHENTICATION TYPE

- Trusted Site: _____
- HEALTHeLINK Token**
- Text Message(Cell) _____
- Voice Message _____
(Cell or direct dial land line)

Part I: User Information

Date: _____

User First Name: _____ Middle Initial: _____ User Last Name: _____

D.O.B. _____ HealtheNet User Account (Y/N) _____ If Yes, username: _____

* Will you be using HealtheNet to Query/Manage HEALTHeLINK consent? (Y/N) _____

Part II: Group Information

Group Name:

Group Address:
(Primary Office)

City, State, Zip:

Phone Number:

Fax Number:

Part III:

User Type:

- e-Prescribing
- Clinical Messaging
- Virtual Health Record (VHR)

Job Category:

- Medical Doctor
- Resident or Intern
- Licensed Health Professional
- Pharmacist
- Dentist
- Technician
- Staff I
- Staff II
- Nurse Practitioner
- Physician Assistant

Part IV: (This section for MDs and Licensed Health Professionals – including NPs and PAs - only)

(For HEALTHeLINK use only)

Prescription DEA #: _____

NYS License #: _____

Quest Client Id #: _____

NPI:

(required) _____

KHS
MSMH
NFMMC
RPCI

UMMC
WCA
WS

****If you are a provider that works out of multiple locations or practices, please list other sites below:**

Verified By (to be signed by the office's Authorized Contact (AC)):

Authorized Contact: _____ **Date:** _____

On form of Authorized Contact only: AC e-mail address: _____

PIN # (AC Only)