Communicate Webmail
HCO Account Request- HIway 2.0 Migration

Communicate Webmail is a web-based secure mail solution within Orion Health™ Clinical Portal

This form should be completed by the Health Care Organization (HCO) Representative that has been identified or will be identified on the Declaration of Identity (DOID) Form for Direct Identity Verification and Authorization as “Applicant”.

# Organization Details

Please fill out a separate form for each organization requesting access to the HIE.

|  |  |
| --- | --- |
| Legal Organization Name | Name of your HCO |
| HIPAA Compliance | [ ]  HIPAA Covered EntityA Covered Entity (CE) performs medical services on the patient and has the most trusted access to Protected Health Information (PHI).[ ]  HIPAA Business AssociateA Business Associate (BA) is someone who a CE uses for services and who needs access to the PHI of the CE’s patients to perform some level of service.[ ]  Other HIPAA EntityHealth care organization that treats protected health information with the privacy and security equivalent to those required by HIPAA. |
| Address | Street AddressAddress Line 2City Postal CodeStateCountry |
| Main Telephone for the HCO | Country code - Area code - Phone number |
| Preferred Direct Email Domain | Name Your Domain Mass HIway Direct Address format for the Production Environment: *direct.yourdomain.masshiway.net*(you can keep your current domain address or provide a new one if you prefer)Your organization’s domain name must start with **direct** and can only contain letters, numbers, periods and hyphens. Spaces, punctuation and special characters are not permitted. |
| HCO Representative | Name of your representativeThe representative is an agent of the HCO, and is responsible for authorizing the Mass HIway and the Orion Health HISP to request Direct certificates on behalf of the HCO and *has been identified or will be identified on the Declaration of Identity (DOID) Form for Direct Identity Verification and Authorization as “Applicant”.* Direct certificates facilitate the secure interstate and inter-agency sharing of electronic health information. The HCO Representative may be the primary Mass HIway Access Administrator or a designated Officer of the HCO. |
| Representative’s Email Address | Representative’s email address for notifications |
| Representative’s Telephone Number | Country code - Area code - Phone number |

# Mass HIway Access Administrators

*Details of up two employees authorized to act as Access Administrators for your organization. Access Administrators act as the Participant’s authorized representative, and to serve as the Participant’s point-of-contact with the Mass HIway. The Access Administrator must have express authority to act on behalf of the Participant in all administrative functions related to the Participant’s access to and use of the Mass HIway, including the creation of accounts. One of the Access Administrators may be the HCO Representative. See the Mass HIway Policies and Procedures Section 7 (available at* [*www.masshiway.net*](http://www.masshiway.net)*) for detailed information about the Access Administrator role.*

*Access Administrators must be designated by an authorized Officer of the HCO (“Participant”). If the HCO Administrator completing this form is not an authorized Officer of the HCO, you confirm that the Mass HIway Access Administrators identified in this section have been designated by an authorized Officer of the HCO on behalf of the Participant.*

*If a Participant deems that two Access Administrators are not sufficient to manage its Authorized Personnel, Participant may separately request that the Mass HIway credential additional Access Administrators; such request should contain a detailed rationale for why additional Access Administrators are necessary. The Mass HIway may allow Participants to designate additional Access Administrators at its sole discretion.*

|  |  |
| --- | --- |
| First Name | Your first name |
| Middle Name | Your middle name |
| Last Name | Your last name |
| Title  | Your title |
| Email Address | Your email address for notifications |
| Phone Number | Enter phone number |
| Provider Type | Select a value |
| New or Current Access Administrator | Enter ***New*** if this is a new Access Administrator designationEnter ***Current*** if this is a previously designated Access Administrator New or Current |

|  |  |
| --- | --- |
| First Name | Your first name |
| Middle Name | Your middle name |
| Last Name | Your last name |
| Title  | Your title |
| Email Address | Your email address for notifications |
| Phone Number | Enter phone number |
| Provider Type | Select a value |
| New or Current Access Administrator | Enter ***New*** if this is a new Access Administrator designationEnter ***Current*** if this is a previously designated Access Administrator New or Current |

**Signature of the HCO Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***