



## Authorized Business Representative Identity Verification Form

Complete this form to register the organization to use the Great Lakes Health Connect (GLHC) Direct service.

- Complete all sections before returning the form to Great Lakes Health Connect.
- Include the Organization’s FEI/EIN and the Organization’s NPI (if applicable).
- The Authorized Business Representative (Direct Administrator who will create/manage Direct user accounts) completing Section II needs to 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 to your local GLHC Implementation Consultant or [direct@gl-hc.org](mailto:direct@gl-hc.org).

### Section I: Organization Information

Organization Name:			
Direct Address Type: <small>(Choose one and complete Direct Address)</small>	<input type="checkbox"/> Custom Domain – Direct Address: _____@_____.midirect.net		
	<input type="checkbox"/> GLHC Standard – Direct Address: _____@michiganhisp.midirect.net		
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

Name:	Title:
Telephone:	Email:
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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