



## CLIENT APPROVED CONTACT AUTHORIZATION

Fax Completed Form to 855-879-9212 or e-mail to [support@mailchs.com](mailto:support@mailchs.com)

Date:

Client Name:

Address:

I authorize the following staff/employee(s) to be added as an authorized contact for the purpose of *obtaining support services* from CHS. Please include name, title, email address, and indicate if this person should have a CHS Hosted User Access enabled.

First	Middle	Last	Phone	Ext	Title	Email	Add Hosted User Access

We currently have the following names listed as approved contacts. Please cross out any user that should no longer have be approved as a contact and place an X if you would like their CHS Hosted User Access disabled.

First	Middle	Last	Phone	Ext	Title	Email	Remove Hosted User Access

I understand that my authorization will remain effective from the date of my signature until I notify CHS of a change, and th at the information will be handled confidentially in compliance with all applicable HIPAA/Security laws.

I understand that I may revoke this authorization at any time by written, dated communication. I have read and understand the nature of this release.

Client Name / Title

Date

(for CHS Purpose only)

Sent by: \_\_\_\_\_ Ticket #: \_\_\_\_\_ Date: \_\_\_\_\_