



CLIENT APPROVED CONTACT AUTHORIZATION
 Fax Completed Form to 413-668-0022 or e-mail to support@mailchs.com

Date:

Client Name:

Address:

I authorize the following staff/employees to be added as authorized "contacts" for the purpose of *obtaining support services* from CHS. Please include name (first and last) and e-mail address if applicable.

First	Last	Phone	Title	Email

We currently have the following names listed as authorized contacts. Please cross out any user that is no longer an authorized contact.

First	Last	Phone	Title	Email

I understand that my authorization will remain effective from the date of my signature until I notify CHS of a change and that 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: _____

(CHS Purpose only)

Sent by: _____

Ticket #: _____

Date: _____