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

First	Middle	Last	Phone	Title	Email	Add Hosted User Access

We currently have the following names listed as authorized contacts. Please cross out any user that is no longer an authorized contact and place an X to disable their CHS Hosted User Access.

First	Middle	Last	Phone	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 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)

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Sent by:_____   Ticket #:_____   Date: _____

Revised 6/21/22 JC