

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

Data							
Date: Client Na	me:						
Address:	me.						
I authorize t from CHS. P We current	lease include nam ly have the follow	e, title, email address, a	ed as authorized contacts fo and indicate if this person s horized contacts. Please cr HS Hosted User Access	hould have CHS Hos	sted User Ac	cess enal	
First	Last	Title	Email	Add as Authorized Contact	Remove as Authorized Contact	Add Hosted User Access	Remov Hosted User Access
information	will be handled co	onfidentially in complia	ive from the date of my sign nce with all applicable HIPA ny time by written, dated c	A/Security laws.		G ,	
Client Name / Title				Date:			
			(CHS Purpose only)				
Sent by:			Ticket #:	Date:			