HOW TO:

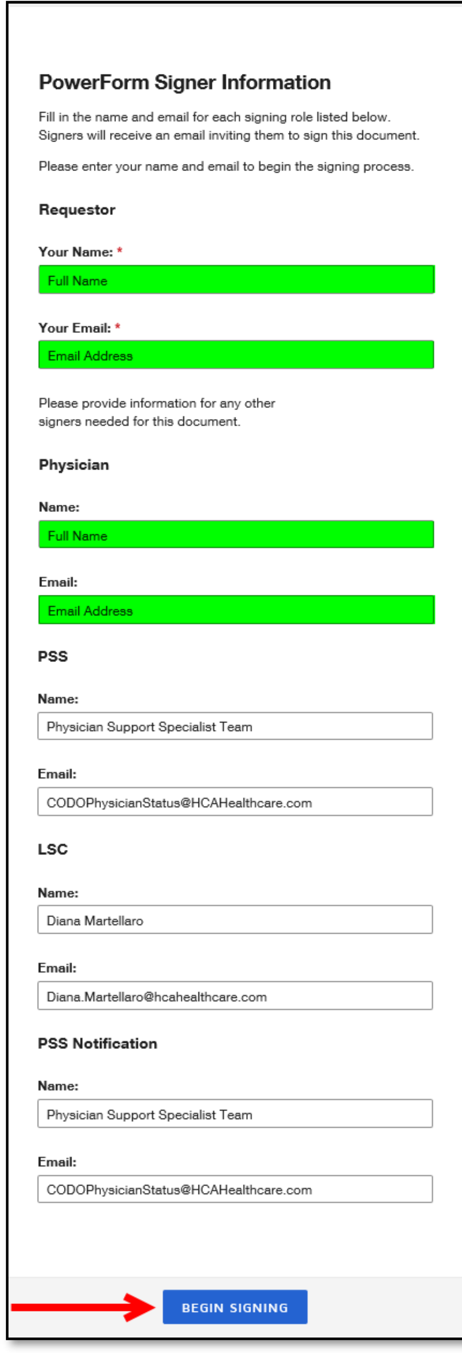
Request HealthONE Access using DocuSign

Version 1 - 04/2021

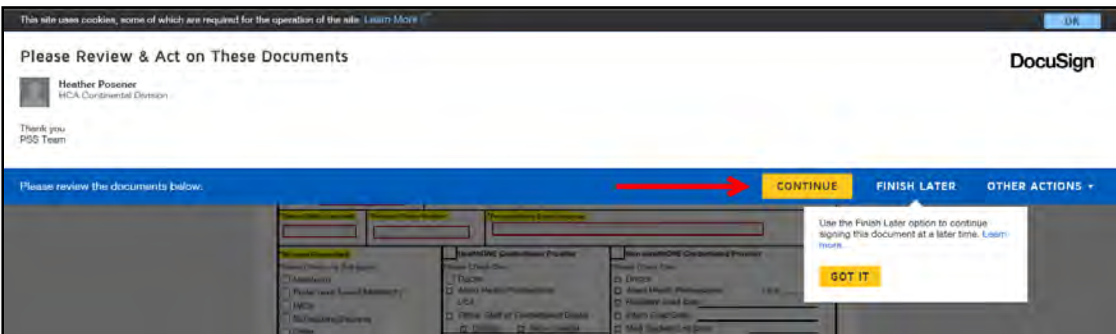
ITG - PSS

Filling out DocuSign
Please note, emails from DocuSign will look like the document is being sent from the Provider Support Specialist Manager (Heather Posener)

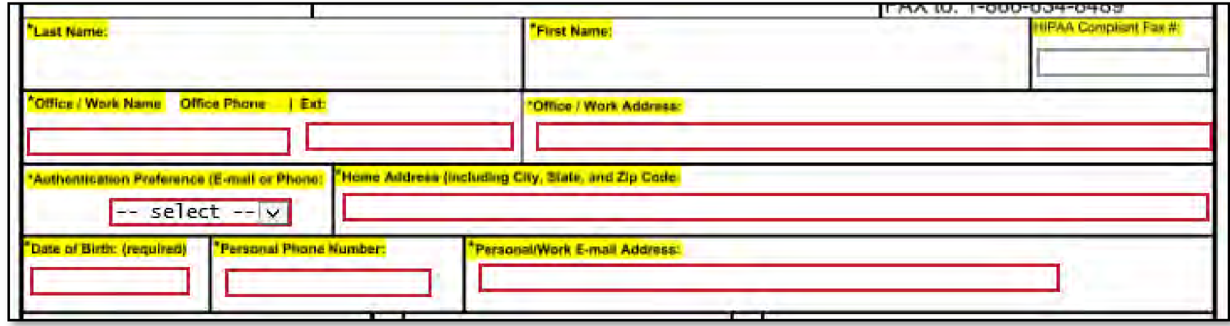
1. Go to the DocuSign link here
2. Enter your name and email in the Requestor field
3. Enter your provider name and email in the Physician field
    a. NOTE: Once you complete your information, the provider will need to also electronically sign the document
4. Scroll to the bottom and click the “Begin Signing” button



5. Click “Continue” to enter your information into the Access Form



6. Your name will already be prefilled. Fill in office and demographic information:
    a. HIPAA Compliant Fax #
    b. Office/Work Name
    c. Office Phone Number (no spaces, dashes, etc)
    d. Office Address
    e. Authentication Preference (use dropdown to select)
    f. Home Address
    g. DOB
    h. Personal Phone Number (no spaces, dashes, etc)
    i. Personal/Work E-mail Address



*Last Name:

*First Name:

HIPAA Compliant Fax #

*Office / Work Name

Office Phone | Ext:

*Office / Work Address:

*Authentication Preference (E-mail or Phone:

-- select --

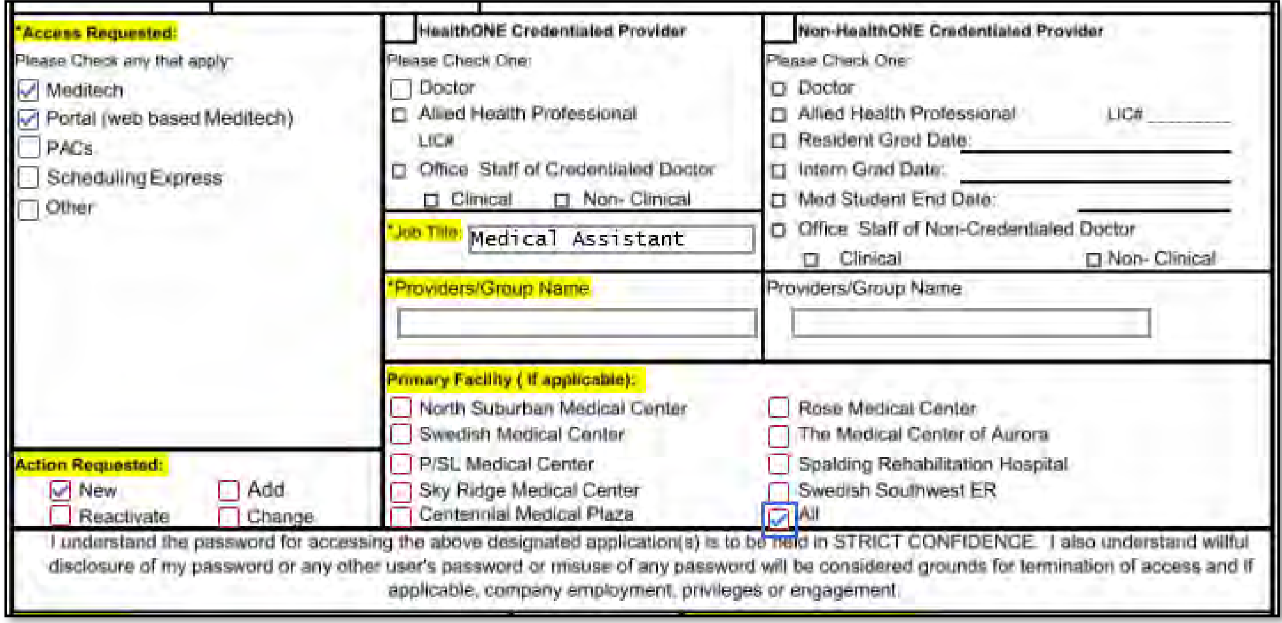
*Home Address (including City, State, and Zip Code

*Date of Birth: (required)

*Personal Phone Number:

*Personal/Work E-mail Address:

7. Enter Access Requested:
    a. Meditech
    b. Portal (PatientKeeper – web based Meditech)
    c. PACs
    d. Scheduling Express
    e. Other
8. Enter Job Title
9. Enter Action Requested:
    a. New: create a new HealthONE account
    b. Add: add new access to existing HealthONE account
    c. Reactivate: re enable HealthONE access if access is expired or suspended
    d. Change: update access to new office
10. Primary Facility
    a. Select facilities you will need access to


*Access Requested:
Please Check any that apply:
☑ Meditech
☑ Portal (web based Meditech)
☐ PACs
☐ Scheduling Express
☐ Other

HealthONE Credentialed Provider
Please Check One:
☐ Doctor
☐ Allied Health Professional
LIC#
☐ Office Staff of Credentialed Doctor
☐ Clinical ☐ Non- Clinical
*Job Title: Medical Assistant
*Providers/Group Name

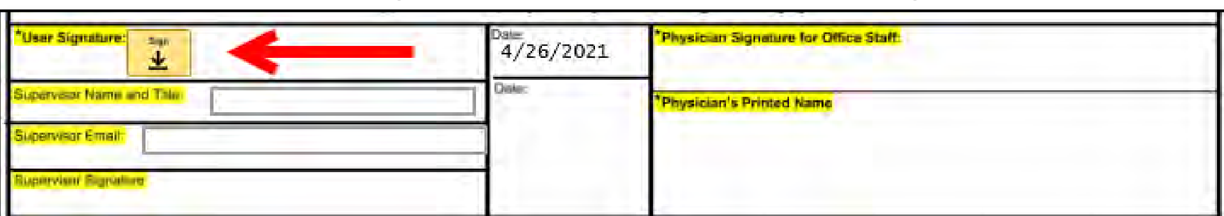
Non-HealthONE Credentialed Provider
Please Check One:
☐ Doctor
☐ Allied Health Professional LIC# ________
☐ Resident Grad Date: ________
☐ Intern Grad Date: ________
☐ Med Student End Date: ________
☐ Office Staff of Non-Credentialed Doctor
☐ Clinical ☐ Non- Clinical
Providers/Group Name

Action Requested:
☑ New ☐ Add
☐ Reactivate ☐ Change

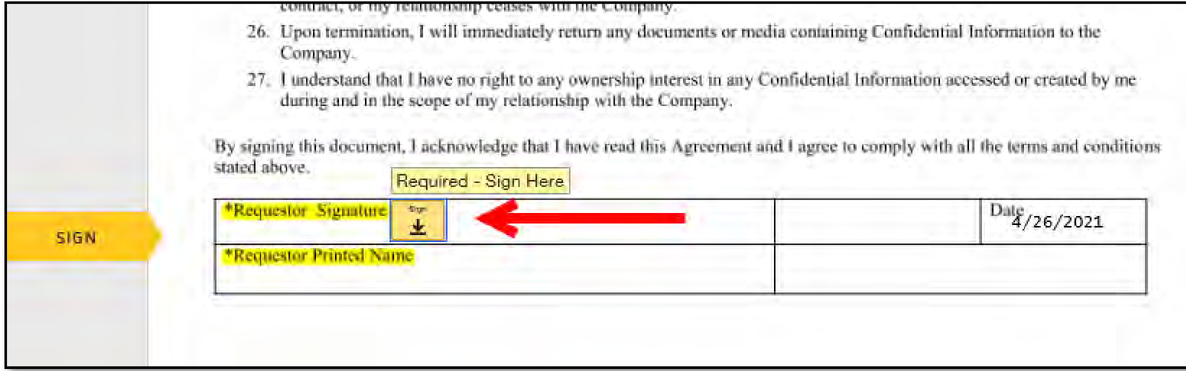
Primary Facility (if applicable):
☐ North Suburban Medical Center
☐ Swedish Medical Center
☐ P/SL Medical Center
☐ Sky Ridge Medical Center
☐ Centennial Medical Plaza
☐ Rose Medical Center
☐ The Medical Center of Aurora
☐ Spalding Rehabilitation Hospital
☐ Swedish Southwest ER
☑ All

I understand the password for accessing the above designated application(s) is to be held in STRICT CONFIDENCE. I also understand willful disclosure of my password or any other user's password or misuse of any password will be considered grounds for termination of access and if applicable, company employment, privileges or engagement.

11. Enter Supervisor Name and Title
12. Enter Supervisor Email
13. Click the “Sign” button
    NOTE: You may have to select a signature if you have not used DocuSign before.


*User Signature: Sign
Date: 4/26/2021
*Physician Signature for Office Staff:
Supervisor Name and Title
Date:
*Physician's Printed Name
Supervisor Email:
Supervisor Signature

14. You will be taken to the bottom of the Confidentiality and Security Agreement, please read through it before click the second “Sign” button.
    NOTE: The name and date should be prefilled.

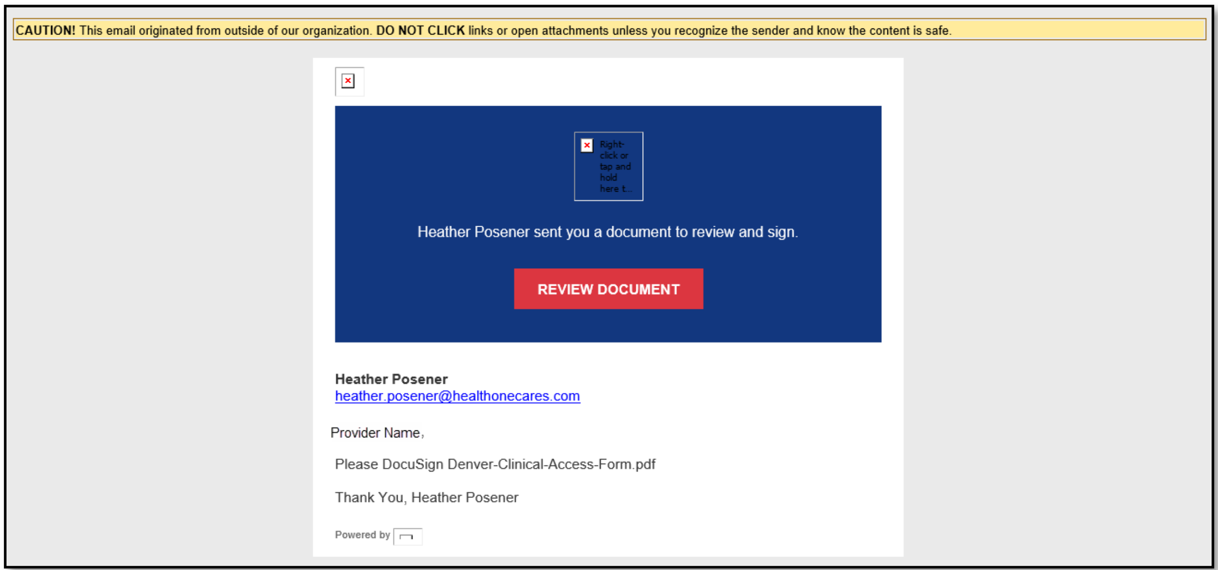


15. Click Finish
16. Click Close on the pop up and exit the browser.
    NOTE: You will get a copy of the completed form once access has been created.

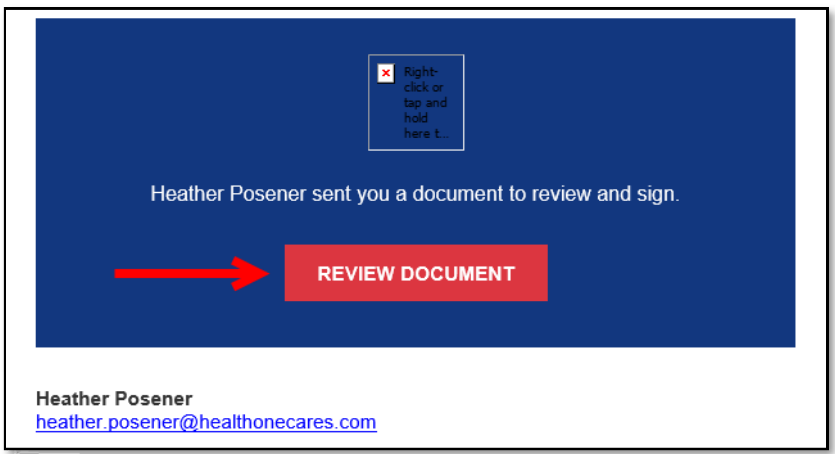
Provider Signing

Provider can sign from mobile device or computer.

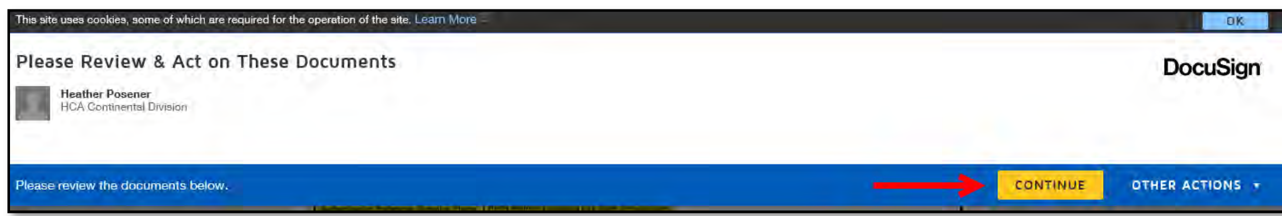
Provider entered in Step 3 will get a notification in their email:



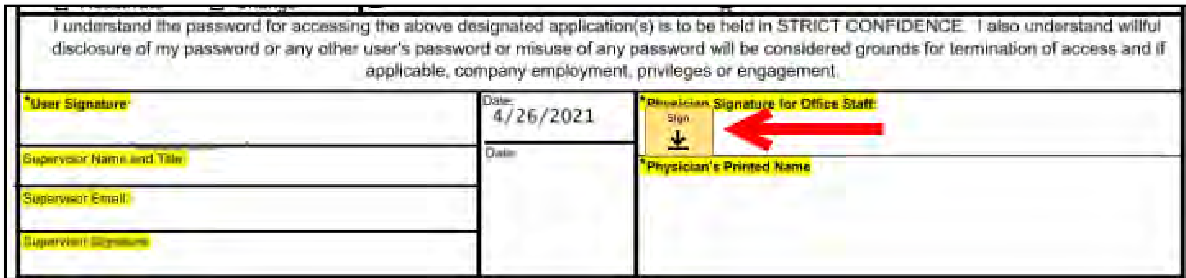
1. Provider will need to click the “Review Document” button



2. Click the “Continue” button



3. Click the “Sign” button
   NOTE: Their name will be prefilled in the Physician’s Printed Name area. If they have not used a signature before, they may have to select a one.



I understand the password for accessing the above designated application(s) is to be held in STRICT CONFIDENCE. I also understand willful disclosure of my password or any other user's password or misuse of any password will be considered grounds for termination of access and if applicable, company employment, privileges or engagement.

*User Signature
Date: 4/26/2021
*Physician Signature for Office Staff:
Sign
Supervisor Name and Title
Date:
*Physician's Printed Name
Supervisor Email:

4. Scroll to the bottom and click the “Finish” button
5. Click Close on the pop up and exit the browser.