

HPG SYSTEM ACCESS AUTHORIZATION

PLEASE ONLY USE THIS FORM WHEN MULTIPLE USERS ARE GOING TO BE AUTHORIZED
ONE PAGE PER TEAM/ROLE

Organization Name _____ Expected Start Date _____

Supervisor _____ Contact # (____) _____ - _____

Check All Applicable Roles: (*Note: all users must require the same role. If not, use a separate form)

- CCAC Based Administrator** - (limited to CCAC only)
- Client Viewer** – Ability to access Community Health Portal (Client Information, Shared Notes/Documents)
- Document Receiver** – ability to Open/Download
- Document Sender** – ability to Send Documents
- Document Viewer** – view only of Inbox/Sentbox
- Manual Invoice Subscriber** – ability to add Manual Invoices
- Offer Manager** – ability to accept or refuse Offers
- Provider Team Manager** – ability to add/manage email notifications
- Referral Manager** – ability to access Referral Management tab for Complex Care or CSSA/LTCH eReferrals
- Organization is associated with Multiple CCACs** (please specify with * beside user name if user already has an existing account in HPG and if so, which CCAC(s) _____)

CCAC Name		Team Name	
USER NAME - First Name, Middle Initial, Last Name	CCAC Employee		EMAIL ADDRESS or Contact Information
	Yes	No	

_____ Date

_____ Authorized Signature

Office Use Only	Initial	Date
HPG Accounts created		
HPG users' notified & temporary password provided?		

