HAWAI'I HIE HEALTH INFORMATION EXCHANGE | Health eNet

CHANGE FORM

Please complete this fillable PDF, save and email to helpdesk@hawaiihie.org. Your request will be processed within seven business days. For immediate assistance, please contact Hawai'i HIE at helpdesk@hawaiihie.org or (808) 441-1373. NOTE: Completing this form as a fillable PDF ensures the information you provide is legible and this will enable faster processing. Mahalo!

Practice Information

Legal Name of Entity ______________________ Phone ______________________

Address ______________________ City ______________________ State __________ Zip Code ______________

Provider/Staff Information

Add	Remove	Provider/Staff Name	DOB	POC	DSA	NPI	State License	Specialty/Title	Email Address	Services Requested: Referrals	CHR	DSM
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______________________ Practice Liaison Name
Please print first and last name

______________________ Signature
Please download PDF to use e-signature function

______________________ Date