



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		
										CHR	Referrals	DSM
		_____	_____			_____	_____	_____	_____			
		_____	_____			_____	_____	_____	_____			
		_____	_____			_____	_____	_____	_____			
		_____	_____			_____	_____	_____	_____			
		_____	_____			_____	_____	_____	_____			
		_____	_____			_____	_____	_____	_____			
		_____	_____			_____	_____	_____	_____			
		_____	_____			_____	_____	_____	_____			

Practice Liaison Name
Please print first and last name

Signature
Please download PDF to use e-signature function

Date