



Application for Organizational Authentication – DIRECT Services

Organization Name _____

Organization National Provider Identifier (NPI) or Organization EIN _____

Entity Name on Business License (if different) _____

Organization Mailing Address _____

Organization Type:

- | | |
|--|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Federally Qualified Health Center |
| <input type="checkbox"/> Primary Care Provider | <input type="checkbox"/> Specialist (Please specify) _____ |
| <input type="checkbox"/> Lab | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Other |

Organization HIPAA status:

- HIPAA Covered Entity HIPAA Business Associate

Preferred Direct Account Name _____ [@direct.ohr.alabama.gov](mailto:direct.ohr.alabama.gov) _____

This account will provide Direct communications on behalf of _____ (indicate number) providers. If the providers have or will have individual addresses, they should not be counted in the organization address. Providers should only be included once.



Please attach evidence of the following and send by fax to 734-669-7796:

1. Appropriate notarized documentation of the organization's existence. This documentation can include:
 - Evidence of existing contractual relationship with Truven Health
 - Bank statements that show the entity name and address as listed on this application
 - Tax documentation that includes the entity name, address and EIN as listed on this application
 - Business license
2. HIPAA Self-Attestation or other evidence of HIPAA status
3. Subscription Agreement
4. Printed NPI number page from the NPPES database
5. Notarized statement (page 2 of this document)

Notary statement

I certify that the attached copy(ies) of _____

dated _____ are true, correct and complete copy(ies) the original(s).

In witness whereof, I hereunto set my hand and official seal on this _____ day of _____, _____

Notary Public

| |
|------------------------|
| For Truven Use: |
|------------------------|

Truven Staff Name _____

Truven Staff Signature _____

Date IP Completion _____