



Authorization to Contact EHR Vendor

We the undersigned allow One Health Record® to contact the Electronic Health Record (EHR) vendor currently in use in our facility. One Health Record® will need access to the system to facilitate the connection of the One Health Record® HIE to our EHR. One Health Record® will need the vendor name and contact information for the EHR technical assistance group.

Executed this ____ day of _____ 20____, which is the Effective Date.

ONE HEALTH RECORD®

PARTICIPANT

Printed Name

Printed Name

Signature

Signature

Organization Name

<u>EHR VENDOR INFORMATION</u>
EHR Vendor
Contact Name
Phone
Email