CLIENT APPROVED CONTACT/ERICOM AUDIT

Fax Completed Form to 413-668-0022 or e-mail to support@mailchs.com

Date:
Client Name:
Address:

I authorize the following staff/employee(s) to be added as authorized contacts for the purpose of *obtaining support services* from CHS. Please include name, title, email address (must be unique) , and indicate if this person should have CHS Hosted User Access enabled. We currently have the following names listed as authorized contacts. Please cross out any user that is no longer an authorized contact and place an X to disable their CHS Hosted User Access

First	**Last**	**Title**	**Email** *Must be unique*	Add as Authorized Contact	Remove as Authorized Contact	Add Hosted User Access	**Remove Hosted User Access**
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I understand that my authorization will remain effective from the date of my signature until I notify CHS of a change, and th at the information will be handled confidentially in compliance with all applicable HIPAA/Security laws.

I understand that I may revoke this authorization at any time by written, dated communication. I have read and understand the nature of this release.

Client Name / Title _____ Date:_____

(CHS Purpose only)

Sent by:_____ Ticket #:_____ Date: _____

Revised 4/30/26 JC