



## CLIENT APPROVED CONTACT AUTHORIZATION

*Fax Completed Form to 413-668-0022 or e-mail to [support@mailchs.com](mailto: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.

First	Middle	Last	Phone	Title	Email <i>Must be unique</i>	Add Hosted User Access

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	Middle	Last	Phone	Title	Email	Remove Hosted User Access

I understand that my authorization will remain effective from the date of my signature until I notify CHS of a change, and that 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: \_\_\_\_\_