EAST TENNESSEE STATE UNIVERSITY
HIPAA Compliance

BHWC TIGERCONNECT ACCOUNT REQUEST FORM

Please complete one request form for each TigerConnect account needed. You may email this completed form to hipaa@etsu.edu or fax to (423) 439-8510.

To process your request, all information must be completed and the appropriate signatures must be present.

Name _____
[last] [first] [middle]

Title / Position _____ Telephone No. _____

Department / Clinic _____

ETSU Email address _____

I am requesting a TigerConnect account be created ☐ as soon as possible
or on _____/_____/_____.

Please note: The VA does not allow VA patient information to be transmitted via TigerConnect.

By submitting this form, you confirm that you read and understood the "Secure Messaging Guidelines" found on the HIPAA Compliance website. If you have questions about the guidelines for use, it is your responsibility to seek clarification from the ETSU HIPAA Compliance Office.

_____ _____
[signature of requestor] [date]

GL String for billing:

_____ _____
[signature of Department Chair] [date]

If you need additional information, please contact the HIPAA Compliance Office at 423.439.8533.

This section for use by HIPAA Compliance Office only.

Date Received:	☐ HIPAA Training verified
Date Added to Organization:	
Notes:	