



FAMILY MEDICINE 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 mail it to East Tennessee State University, HIPAA Compliance Office, PO Box 70285, Johnson City, TN 37614.

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 to be billed:

[signature of Diane Sloan] [date]

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

This section for use by HIPAA Compliance Office

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