



**ILHIE DIRECT SECURE MESSAGING SOLUTION
Identity Authentication Form**

I certify as an Illinois health care provider or on behalf of a Illinois health care provider that I registered with the Illinois Health Information Exchange (“ILHIE”) to participate in the ILHIE Direct Secure Messaging Solution (“ILHIE Direct”) and hereby request account information to begin using ILHIE Direct for my or the organization’s professional uses.

Organization Name

Date: _____

Provider/Administrator Signature

Print Provider/Administrator Name

Title

STATE OF ILLINOIS

County of _____,

Signed and affirmed to me on this ___ day of _____, 2012, by _____, who personally appeared before me and sufficiently proved an identity with a government ID, attached as a photocopy and matching the person whose name is subscribed on this instrument.

(AFFIX IL SEAL)

Signature of Notary Public

Commission Expiration: _____

Please fax or scan/email your signed, completed form, along with a photocopy of your government issued photo ID, to Cory Verblen at 312-814-1468 or cory.verblen@illinois.gov. We will provisionally create your account when we receive the form electronically, but you must also mail the original copy, within 14 calendar days of sending the electronic version, to Cory’s attention at: Office of Health Information Technology; 100 W. Randolph, 2-201; Chicago, IL 60601.