

Certificate Exchange Request

Does an organization you communicate with already have Direct addresses?

Please provide as much information as possible. We will contact the organization to exchange Trust Certificates to enable communication between you and their facility.

Organization #1 Information					
Organization Name					
Address					
City		State		Zip Code	
Contact Name					
Phone Number		Fax			
Email					
Direct Address					

Organization #2 Information					
Organization Name					
Address					
City		State		Zip Code	
Contact Name					
Phone Number		Fax			
Email					
Direct Address					

HCO Authorization

Name

Date

Signature

Organization/Practice