

Registration Form
www.californiadirect.org

Instructions	
Apply for California Direct	Checklist
1. Complete Registration Form	<input type="checkbox"/>
2. Have Registration Form notarized on behalf of your organization	<input type="checkbox"/>
3. Fax/Email signed copy of this document to Axesson cadirect@axesson.com Fax 831.465.7893	<input type="checkbox"/>
4. Mail the original notarized form to Axesson	<input type="checkbox"/>

Organization Information				
Organization Name				
Organization NPI #				
HIPAA Compliance	<input type="checkbox"/> HIPAA covered entity <input type="checkbox"/> HIPAA Business Associate <input type="checkbox"/> Other HIPAA Entity - Health-care organization that treats protected health information with privacy and security protections that are equivalent to those required by HIPAA.			
Address				
City		State		Zip Code
Contact Name				
Phone Number		Fax		
Email				

Health Care Organization Representative (HCO)*			
First Name		Last Name	
Office Number		Cell	
Email			
Home Address			
City		State	
Org/Practice Name		Title	
Best way to contact	<input type="checkbox"/> Office Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email		

*A Health Care Organization (HCO) Representative is your organization's authority contact in charge of requesting accounts, as well as authorizing any subsequent changes to your Direct account services with Axesson. In a single provider practice the medical provider or office manager may take on this role. If you are a large entity this role is typically handled by the accounting or human resources department. This person is responsible for authenticating the members of your organization and authorizing Axesson to implement their Direct accounts and any associated billing.

Notary Form Instructions

Each organization needs **only one** notarization, whether the organization is registering for 1 account or 500 accounts. If you are a solo practitioner you are considered an organization. Notarization is required as a form of identity proofing. We require a medium assurance certificate, meaning you must present **ONE government ID** with photo, full legal name and accurate (such as, a California Driver's license or passport). A second form of identification must be presented if the first is not government issued. Examples of acceptable government IDs include, passport, California state Driver's license, military ID, permanent resident card, or similar document. Secondary IDs could include a social security card, birth certificate, school ID or voter registration card. Examples of acceptable forms of ID include a passport, driver's license, military ID, permanent resident card, or similar document. The notary should confirm the identity of the HCO Contact person in this document (details provided on Page 1) and witness the HCO's signature.

HCO reps Identification #1

Type of Document		Photo	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name on ID #1			
Issued by			
Serial #		Expiration Date	

HCO reps Identification #2

Type of Document		Photo	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name on ID #2			
Issued by			
Serial #		Expiration Date	

HCO Reps Signature

Date

Time

ACKNOWLEDGEMENT

State of California
 County of _____)

On _____ before me, _____
 (insert name and title of the officer)

personally appeared _____,
 who proved to me on the basis of satisfactory evidence to the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) , or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

Request Direct Addresses	
1. Select the format: Please check the box and specify your desired format.	
<input type="checkbox"/> Default Address Format:	first.last@clinic.cadirect.org
<input type="checkbox"/> Branded Domain -You own the domain name	irst.last@direct.myclinicURL.com
2. List your users in the tables below. Note the examples in the colored rows. There is a 32 character limit left of the @ sign. You can sign up as many providers/staff members as needed, and you must register one Organization account free of charge.* Each user is counted as ONE account. For example, accounts for Dr. Fields, Nurse Kate, Office Manager Kim, and an organization shared account* used by 2 front desk staff (Cindy and James) would total 5 accounts. *If you are only registering for an organization account, normal user fees apply *A shared account allows who need to access the same information. Examples are "reception" "billing" "frontdesk" or "laboranddelivery." For clarification about group accounts, please contact Axesson.	

Organization Account

First Name	Last Name	Account Name (org name)	Title	NPI (if you have an organization NPI)	Contact Email
Kim	Martin	healthypeople.recep	Office Manager	xxxxxxxxxx	kim.martin@healthypeople.com
Fill in your organization account information below					

Providers/Medical Professionals

First Name	Last Name	Preferred Name	Title	NPI Required	Contact Email
Katelyn	Jones	Kate	RN	xxxxxxxxxx	kate.jones@healthypeople.com
Stephanie	Fields		MD	xxxxxxxxxx	stephanie.fields@healthypeople.com
In the below table, fill in who you wish to register accounts for within your organization.					

Staff Members

First Name	Last Name	Preferred Name	Title	Group Account	Contact Email
Kimberly	Martin	Kim	Office Manager		kim.martin@healthypeople.com
Cindy	Howard		Receptionist	healthypeople.recep	cindy.howard@healthypeople.com
James	Cooper		Receptionist	healthypeople.recep	james.cooper@healthypeople.com
In the below table, fill in who you wish to register accounts for within your organization.					

