



Submit by mail, email to mail@emrdirect.com, or fax to 760-882-4317

**Organizational Application for a Direct Messaging Certificate**

To be completed by an authorized representative of Organization; ALL fields are required.

**Legal Name of Organization** (Company or Individual as Sole Proprietor; include Inc., P.C., L.L.C., etc., if appropriate):

**Current Address of Organization** as it appears in NPI or corporate records (include Street Address, City, State & Zip):

Organization is a HIPAA Covered Entity and requests a Direct Messaging Certificate to be issued by the phiCert Certification Authority and accessed through integrated Direct Messaging service provided by OpenCoreEMR Inc. (Reseller).

**Organization's Group NPI Number:**

(Name on NPI record must match Legal Name of Organization above) \_\_\_\_\_

**Total # of billing NPI Providers at Organization (Ambulatory):** \_\_\_\_\_ **OR Beds (Acute):** \_\_\_\_\_

**Organizational Representative(s)** for this account—the Organizational Representatives designated by RESELLER are hereby appointed as Organizational Representatives for Organization and are authorized to act on behalf of Organization to accept and manage digital certificates, request or terminate Direct addresses, manage trust anchor change requests, and submit documentation to EMR Direct. Organizational Representative(s) may also be referred to as System Administrator(s). Organization additionally appoints the EMR Direct ISSO(s) (Information Systems Security Officer) as System Administrator(s) for this account.

**End User Identity Verification:** Organization will allow access to phiMail Direct messaging only to those authorized employees or agents of Organization whose identities have been verified at LoA-3 according to the terms of the EMR Direct License Agreement. If this application is approved, Organization accepts the role of Trusted Agent of the phiCert Registration Authority in order to verify the identities of its own employees or agents using Organization's own verification procedures, and appoints the undersigned as an identity Verifier. Verifier attests that sufficient identity proofing artifacts exist at the Organization to meet or exceed the above LoA-3 requirements for all persons verified by Organization. Organization will request, through its Organizational Representative(s), that EMR Direct verify the identity of any end user requiring access that Organization cannot verify in accordance with the above requirements.

**Select Direct Network(s):** Each organization is responsible for designating the Direct trust anchors it accepts for exchange of Direct messages. Communication with a Direct address requires that a corresponding trust anchor is selected. Organization approves exchange with the trust communities listed below. Organizational Representatives may also submit a Trust Anchor Change Request form to add or remove anchors or bundles of anchors for Organization.

DirectTrust Network (Includes current or future DirectTrust bundles)

EMR Direct phiCert Network

**Identity Proofing Preference:** The person who signs this form must also either (check one):

Complete and return a notarized Identity Verification form by mail to the physical address listed on the form (Default) OR Complete online identity verification; if checked, send identity verification link to the signer at the following email address:

**Signer's Email Address:** \_\_\_\_\_

I, \_\_\_\_\_, am authorized as (title:) \_\_\_\_\_

of the above named Organization to submit this application and to make the attestation(s) and appointments herein on behalf of the above named Organization. Organization will authorize users of phiMail who are employees or agents of the legally distinct entity designated herein, and will maintain a list of when access is granted and revoked for all individuals using the Direct Address(es) enabled for Organization. I attest that I am authorized to enter into legal agreements on behalf of Organization. By submitting this application, Organization hereby accepts and will continue to adhere to the terms of the EMR Direct License Agreement located at <https://www.emrdirect.com/eula.html>. I declare under penalty of perjury that the foregoing is true and correct.

**Signature**

**Date Executed**