NC*Notify

Event Notifications Powered by
NC HealthConnex

Third Party Connection Preference Form

Organization Name (Third Party):   _____

Partnering With (NC*Notify Subscriber):   _____

Is this your first-time submitting patient panels or receiving event notifications by way of NC*Notify?

☐ Yes   ☐ No (If no, please list other organizations you're working with or have worked with in the past.)

Primary Contact Name: _____

Primary Contact Telephone: _____

Primary Contact Email: _____

Will your organization be submitting patient panels?

☐ Yes (If yes, please select your frequency below)   ☐ No

☐ Daily   ☐ Weekly   ☐ Monthly   ☐ Quarterly

   *You have the option to provide full replacement panels, or you can occasionally submit incremental changes & updates. Please check the box that would best fit your intentions: ☐ Full Replacements   ☐ Updates

Will your organization also be receiving notifications?

☐ Yes (If yes, please select your frequency below)   ☐ No

☐ Near-Real Time (HL7)   ☐ Hourly   ☐ Daily   ☐ Weekly   ☐ Monthly

Connection Preference

Panel send method
          ☐ Flat Files (SFTP)   ☐ Direct Secure Message

Notification receipt method
          ☐ HL7 via TLS
          ☐ HL7 via SFTP
          ☐ Flat File via SFTP

*After completing this form, please email it to HIESupport@sas.com. You'll then receive the necessary connection forms via email.