

Xifin Client Portal user request form

Add or removal



Type or print clearly. All fields are required in order for your request to be processed.

Date	
Name (First MI Last)	
Email address	
Phone number	
Office/facility name and collection center codes you work with:	
1.	4.
2.	5.
3.	6.

If you work with more than six locations, include name/collection center code on a separate document.

Request to: Add new user account Delete/Remove user account

Send me email notifications when new statements are available: Yes No

Effective date: _____

I understand that I am responsible for any computing activity carried out using this account. I am aware that applicable laws prohibit the disclosure of patient information without the patient's consent.

Applicant's Signature: _____ **Date:** _____

Sign, scan and email or fax the completed form to your Account Representative:

- Lisa Johnson Email: lisa.r.johnson2@allina.com Fax: (612) 863-0475
- Paula Perry Email: paula.perry@allina.com Fax: (612) 863-0439
- Lisa Peterson Email: lisa.peterson2@allina.com Fax: (612) 863-0443
- Amy Stratton Email: amy.stratton@allina.com Fax: (612) 863-4674

For Allina Health Laboratory use only:

Username assigned: _____
Temporary password: _____
Date activated: _____
Date inactivated: _____
User notified: _____