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Executive Deputy Commissioner

Meaningful Use Registration for Public Health (MURPH) Contact Change Form

Registration ID	Practice/Hospital Name	Practice/Hospital NPI

Instructions: Please supply the requested information below for two different representatives in your practice/hospital. These representatives will be responsible for ensuring the MURPH registration remains accurate and up to date. Both the Registration and Alternate Contacts may view and edit the registration.

Please return a signed copy of the completed form to MUPublicHealthHELP@health.ny.gov. Once we receive the completed form back, the MURPH registration will be updated through the Health Commerce System (HCS) to reflect the information supplied below and the Registration and Alternate Contacts will then be able to view and modify the registration.

Please keep in mind that both the Registration and Alternate Contacts MUST have a HCS ID

Registration Contact	
HCS ID	
First Name	
Last Name	
Job Title	
Phone Number	
Ext.	
Email	

Alternate Contact	
HCS ID	
First Name	
Last Name	
Job Title	
Phone Number	
Ext.	
Email	

Signature: _____ Date: _____

Name (Print): _____ Title: _____