

Diversified Request for Information Form

Date: _____

To: _____

From: _____

DHCM Account: _____

Patient Name: _____

Patient Number: _____ Invoice Number: _____

Message:

- Click DHCM Uplink link: <https://www.hightail.com/u/secureexchange>
- Drag the completed form file to the Diversified SecureExchange Uplink site.
- Complete the required information the click the Send button
- Your file has been securely uploaded to the Diversified SecureExchange Uplink and will be delivered to the appropriate person.

Hightail and HIPAA Compliance

<http://learn.hightail.com/t5/Products-and-Features-Knowledge/Hightail-and-HIPAA/ta-p/11052#.UlxsKBDgers>