



healthConnect Alaska Direct Mail Registration Guide

[healthConnect Alaska DSM](#)

Registration Instructions for your Direct Secure Messaging Service.

This guide references the procedures for Direct Secure Messaging Registration, including:

- Creating subdomain
- Delegating Authorized Representative
- Affirming organization and individual
- Returning affidavits for provisioning

Registration URL

Visit the healthConnect Alaska DSM page by clicking [here](#) and then the Select “Register Now” button.



The image shows a screenshot of the healthConnect ALASKA website. At the top left is the logo for healthconnect ALASKA, featuring a green heart rate line. To the right of the logo are two buttons: a blue button labeled "DSM Login" and a white button with a blue border labeled "DSM Manage". Below the header is a large grey banner. On the left side of the banner is a circular graphic containing images of a laptop, a tablet, and a smartphone, all displaying the Direct Secure Messaging interface. To the right of the graphic, the text reads "Introducing Our New Direct Secure Messaging Plans". Below this text is a white button with a blue border labeled "Register Now", with a blue arrow pointing to it from the left.

Registration URL

You will be directed to the healthConnect Alaska Direct Secure Messaging registration page which is where you will register your domain and identify the designated Authorized Representative.

The screenshot shows the registration page for healthConnect Alaska Direct Secure Messaging. The page has a blue header with the logo and title. A left sidebar contains navigation links: Home, Registration in Process (with sub-links for 'Select to Continue' and 'Upload Completed Affidavits'), and a main content area. The main content area contains several sections: a registration overview, a code entry field, a subdomain name entry field with a 'Check Availability' button, a form for Authorized Representative information, and an 'Add' button. An alert message is displayed at the bottom of the form area.

healthconnect ALASKA Direct Secure Messaging Registration

Registration should be completed by the Authorized Representative delegated by the Organization. You can review the Authorized Representative's role and responsibilities [here](#).

The Direct registration process creates and verifies your unique healthConnect Alaska domain name as well as the digital identities for the Organization and Authorized Representative. Once you complete and return your verified forms, your Direct domain will be provisioned within 24-48 business hours. You will then receive an emailed welcome letter with instructions about how to access your account.

Click the icon for more detailed instructions during registration. If further assistance is needed please contact a helpdesk agent by emailing support@ak-ehealth.org or call us at 907-770-2626.

If you have an Authorization, Voucher, or Promotional Code, please enter it here. If you do not, enter the word "Direct".

Code:

Enter your desired hDirect subdomain name only. The .directak.net domain will be added so your Auth Rep's full hDirect mail address will look like "admin@subdomain.directak.net"

Subdomain Name:

If you prefer to use a domain name you already own, please contact the Helpdesk.

Please enter the following information for the Authorized Representative. All fields are required.

Auth Rep First Name:

Auth Rep Last Name:

Username:

Full Address:

Password: Strength is 0%

Re-enter password: Strength is 0%

E-mail:

ALERT: Before clicking Add, remember your Username, Password and Direct Domain--they will be required if you need to log back in.

Authorized Representative

Registration should be completed by the Authorized Representative.

By clicking the circled link, detailed information about the responsibilities of the Authorized Representative will open for your review.


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Direct Secure Messaging Registration

Logout

Registration should be completed by the Authorized Representative delegated by the Organization. You can review the Authorized Representative's role and responsibilities [here](#).

The Direct registration process creates and verifies your unique AeHN domain name as well as the digital identities for the Organization and Authorized Representative. Once you complete and return your verified forms, your Direct domain will be provisioned within 24-48 business hours. You will then receive an emailed welcome letter with instructions about how to access your account.

Click the  icon for more detailed instructions during registration. If further assistance is needed please contact a helpdesk agent by emailing helpdesk@hdirect.inpriva.net or call us at 1-866-936-1423.



Role and Responsibilities of the Authorized Representative


The Authorized Representative should be an owner, administrative staff, partner or corporate officer of the Organization registering for the Direct domain.

- *The Authorized Representative ensures the identity of all users of the Organization's Direct domain.*
- *The Authorized Representative has the authority to act on behalf of the Entity in all matters pertaining to Direct participation including but without limitation:*
 - *Configuration / Endpoint management if applicable.*
 - *Obtain certificates and certificate verification if applicable.*
 - *Delegate Administrator(s) for the Direct domain*
 - *Authority to create and manage mailboxes (if applicable)*
 - *Password management for all users*

Direct mail Sub-domain

Please enter the subdomain you wish to use. The subdomain will identify your organization within the Direct address.

Enter your desired hDirect subdomain name only. The .directak.net domain will be added so your Auth Rep's full hDirect mail address will look like "admin@*subdomain*.directak.net"


Subdomain Name: 

If you prefer to use a domain name you already own, please contact the Helpdesk.

Please enter subdomain only. [.directak.net](https://www.directak.net) will be automatically populated.

Authorized Representative

Please enter the required information pertaining to the designated Authorized Representative.


Please enter the following information for the Authorized Representative. All fields are required. 

Auth Rep First Name:

Auth Rep Last Name:

Username:

Full Address:

Password: Strength is 0% 

Re-enter password: Strength is 0%

E-mail:

The Username will automatically populate to “**ADMIN**.”

Authorized Representative

After entering required information, check for accuracy and select “Add.”

Please enter the following information for the Authorized Representative. All fields are required. ?

Auth Rep First Name:

Auth Rep Last Name:

Username:


Full Address:

Password: Strength is 0% ?

Re-enter password: Strength is 0%

E-mail:

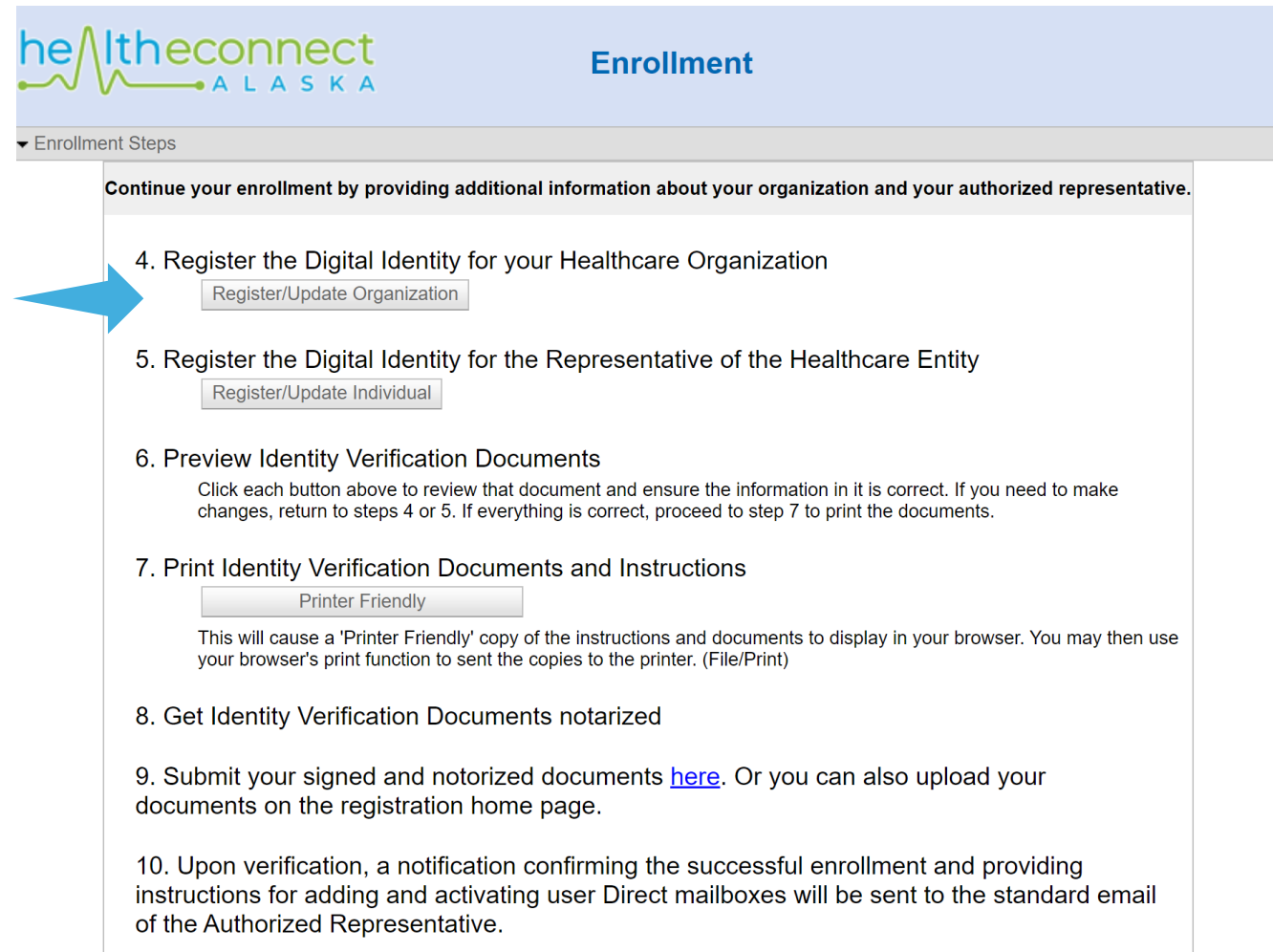
ALERT: Before clicking Add, remember your Username, Password and Direct Domain—they will be required if you need to log back in.



Digital Identity Registration

Select “Register/Update” for Digital Identity for Healthcare Organization affidavit.

The Organizational affidavit affirms the organization.



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Enrollment

Enrollment Steps

Continue your enrollment by providing additional information about your organization and your authorized representative.

4. Register the Digital Identity for your Healthcare Organization
5. Register the Digital Identity for the Representative of the Healthcare Entity
6. Preview Identity Verification Documents
Click each button above to review that document and ensure the information in it is correct. If you need to make changes, return to steps 4 or 5. If everything is correct, proceed to step 7 to print the documents.
7. Print Identity Verification Documents and Instructions

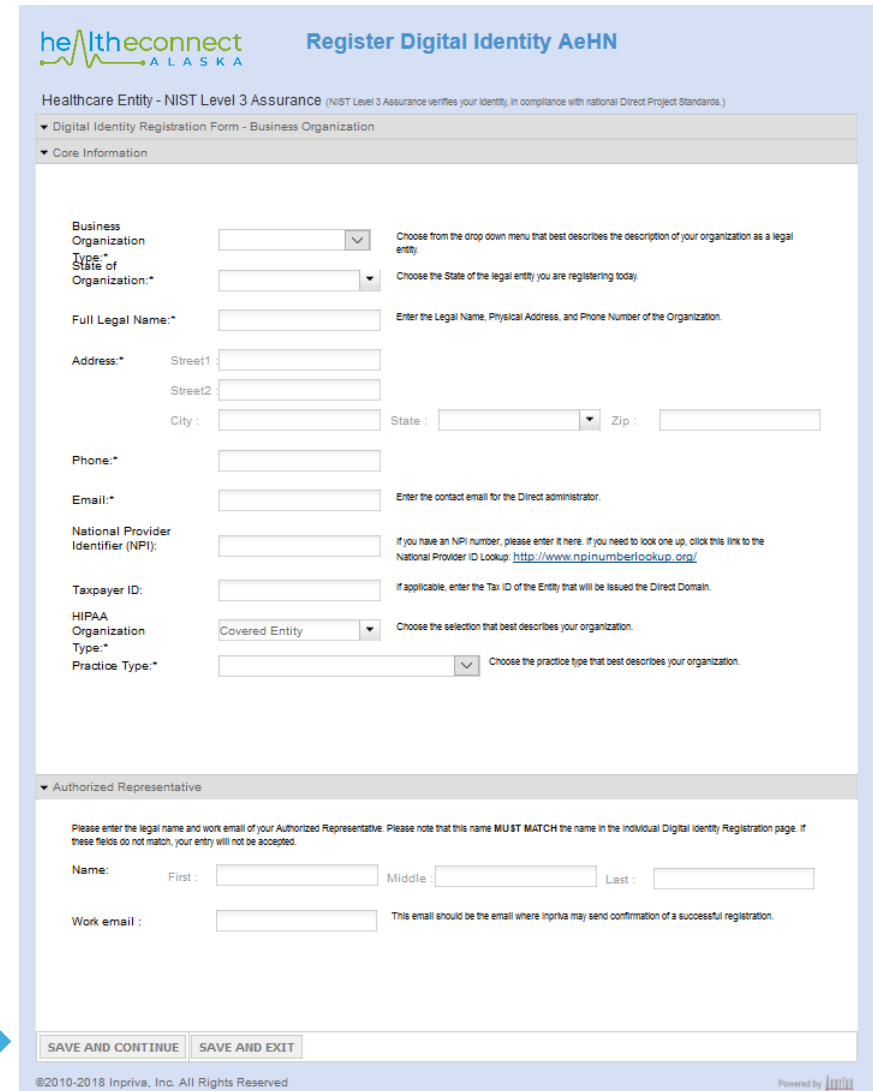
This will cause a 'Printer Friendly' copy of the instructions and documents to display in your browser. You may then use your browser's print function to sent the copies to the printer. (File/Print)
8. Get Identity Verification Documents notarized
9. Submit your signed and notarized documents [here](#). Or you can also upload your documents on the registration home page.
10. Upon verification, a notification confirming the successful enrollment and providing instructions for adding and activating user Direct mailboxes will be sent to the standard email of the Authorized Representative.

Digital Identity Registration

Complete all fields of affidavit. The information contained in this affidavit are pertinent to the Organization.

For Authorized Representative, the name listed on Organization affidavit must match the name of the person listed on the Individual affidavit (next step).

Select “Save and Continue.”



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Healthcare Entity - NIST Level 3 Assurance (NIST Level 3 Assurance verifies your identity, in compliance with national Direct Project Standards.)

▼ Digital Identity Registration Form - Business Organization

▼ Core Information

Business Organization Type: Choose from the drop down menu that best describes the description of your organization as a legal entity.

State of Organization: Choose the State of the legal entity you are registering today.

Full Legal Name: Enter the Legal Name, Physical Address, and Phone Number of the Organization.

Address: Street1:
Street2:
City: State: Zip:

Phone:

Email: Enter the contact email for the Direct administrator.

National Provider Identifier (NPI): If you have an NPI number, please enter it here. If you need to look one up, click this link to the National Provider ID Lookup: <http://www.npimnumberlookup.org>

Taxpayer ID: If applicable, enter the Tax ID of the Entity that will be issued the Direct Domain.

HIPAA Organization Type: Covered Entity Choose the selection that best describes your organization.

Practice Type: Choose the practice type that best describes your organization.


▼ Authorized Representative

Please enter the legal name and work email of your Authorized Representative. Please note that this name **MUST MATCH** the name in the Individual Digital Identity Registration page. If these fields do not match, your entry will not be accepted.

Name: First: Middle: Last:

Work email: This email should be the email where Inpriva may send confirmation of a successful registration.

SAVE AND CONTINUE SAVE AND EXIT

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Digital Identity Registration

Select “Register/Update” for Digital Identity for the Individual.

The Individual affidavit affirms the organization.

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Enrollment

Enrollment Steps

Continue your enrollment by providing additional information about your organization and your authorized representative.

4. Register the Digital Identity for your Healthcare Organization
5. Register the Digital Identity for the Representative of the Healthcare Entity
6. Preview Identity Verification Documents
Click each button above to review that document and ensure the information in it is correct. If you need to make changes, return to steps 4 or 5. If everything is correct, proceed to step 7 to print the documents.
7. Print Identity Verification Documents and Instructions

This will cause a 'Printer Friendly' copy of the instructions and documents to display in your browser. You may then use your browser's print function to sent the copies to the printer. (File/Print)
8. Get Identity Verification Documents notarized
9. Submit your signed and notarized documents [here](#). Or you can also upload your documents on the registration home page.
10. Upon verification, a notification confirming the successful enrollment and providing instructions for adding and activating user Direct mailboxes will be sent to the standard email of the Authorized Representative.

Digital Identity Registration

Complete all fields of affidavit. The information contained in this affidavit are pertinent to the Individual representing the organization.

Please note that identity documents with an “*” will require a second identity document which will be requested upon completed entry of first identity document.

Select “Save and Continue.”

The screenshot shows the 'Register Digital Identity' form for an individual. The form is titled 'Individual - NIST Level 3 Assurance' and includes a disclaimer about Protected Health Information (PHI). The form is divided into sections: 'Digital Identity Registration Form - Individual' and 'Core Information'. The 'Core Information' section contains fields for Name (First, Middle, Last), Mother's Maiden Name (First, Middle, Last), Birth Date (Month, Day, Year), Birth Place (City, State, County), Address (Street1, Street2, City, State, Zip), Phone, and Contact Email. Below the 'Core Information' section is the 'Identity Document 1' section, which is circled in blue. It includes a dropdown for 'Document Type', 'Issuing Authority', 'Document Number', and 'Expiration Date'. At the bottom of the form, there are two buttons: 'SAVE AND CONTINUE' and 'SAVE AND EXIT'. A blue arrow points to the 'SAVE AND CONTINUE' button.

healthconnect ALASKA Register Digital Identity

Individual - NIST Level 3 Assurance

When Protected Health Information (PHI) is exchanged, it is essential that the identity of the sender and the recipient be known with certainty. The Federal Bridge Certification Authority (FBCA) and the National Institute of Standards Technology (NIST) have established criteria for determining the identity of individual persons. The identity-related information collected below is necessary to verify that you are the person you claim to be in accordance with the NIST Level 3 Assurance Level as required by the Direct specification and for participation on the Nationwide Health Information Network. The information collected will not be used for any other purpose.

▼ Digital Identity Registration Form - Individual

▼ Core Information

Enter the Legal Name of the Individual whose identity is being verified.

Name:* First: Middle: Last:

Enter maiden name of the mother of the Individual named above.

Mother's Maiden Name:* First: Middle: Last:

Enter the Date and Place of Birth for the Individual whose identity is being verified.

Birth Date:* Month: Day: Year:

Birth Place:* City: State: County:

Enter the Home Address for the Individual whose identity is being verified.

Address:* Street1:
Street2:
City: State: Zip:

Phone:* Enter the best Personal Contact Phone Number for the Individual whose identity is being verified.

Contact Email:* Enter the best Personal Contact Email for the Individual whose identity is being verified.

▼ Identity Document 1 - Requires a photo ID - Selections with a * require Identity Document 2 be provided.

Your first identity document needs to be a government issued photo ID. If a government issued document is not required, if it is state issued, a second identity document is required.

Document Type:* Choose the type of document you will be using to verify identity.

Issuing Authority:* The state, federal or government authority that issued the picture ID.

Document Number:* Enter the unique license or ID number on the document.

Expiration Date:* (if any) Expiration date of the issued document.

SAVE AND CONTINUE SAVE AND EXIT

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Digital Identity Registration

Select “Printer Friendly.”

The affidavits will save as a truncated PDF to be printed from device of choice.

Once printed, both affidavits must be signed and notarized. The Organization affidavit must be signed by someone within the organization that has legal signing authority.

Completed forms may be sent by any means listed on the printed cover page.

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Enrollment

Enrollment Steps

Continue your enrollment by providing additional information about your organization and your authorized representative.

4. Register the Digital Identity for your Healthcare Organization
5. Register the Digital Identity for the Representative of the Healthcare Entity
6. Preview Identity Verification Documents
Click each button above to review that document and ensure the information in it is correct. If you need to make changes, return to steps 4 or 5. If everything is correct, proceed to step 7 to print the documents.
7. Print Identity Verification Documents and Instructions

This will cause a 'Printer Friendly' copy of the instructions and documents to display in your browser. You may then use your browser's print function to sent the copies to the printer. (File/Print)
8. Get Identity Verification Documents notarized
9. Submit your signed and notarized documents [here](#). Or you can also upload your documents on the registration home page.
10. Upon verification, a notification confirming the successful enrollment and providing instructions for adding and activating user Direct mailboxes will be sent to the standard email of the Authorized Representative.

Digital Identity Registration

The Individual affidavit should be signed and dated by the designated Authorized Representative, the person being vetted.

The affidavit must be signed in front of a notary and notarized with the notary seal.

The Notary's signature must be visible and readable.

If a notary is not available, you can also contact helpdesk to schedule a video or skype with a trusted agent to complete identity verification.

Affidavit Affirming Individual Identity

1. The undersigned represents and affirms the following information submitted in association with a registration in HDM Direct refers to the undersigned and is true and correct:

a. Legal Name:

b. Address: , ,

c. Phone:

d. Email:

e. Identity Document 1: , , ****, Expires

f. Identity Document 2: , , xxxx, Expires

2. The undersigned understands and acknowledges that the above information is providing the basis for verifying your digital identity established in the Health ID Network (hiDn) and in support of the issuance of digital certificates and other digital credentials that other participants of HDM Direct and the Nationwide Health Information Network (NwHIN) may rely on in making disclosures that involve exchange and disclosure of HIPAA Protected Health Information.

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge.

Dated this _____ day of _____, _____

Signature of
HDM

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____, the time of day being _____ by the signer and subject of the above form, who personally appeared before me and signed or attested the same in my presence. As proof of his/her identity, the signer and subject presented the following:

a. A from with a ID # ending in that expires and is referenced as Identity Document 1 above.

b. A from ending in that expires and is referenced as Identity Document 2 above.

These documents have been examined by me and appear to be genuine and to refer to the signer and subject of the above form.

(Signature and seal/stamp of notary public)

My commission expires: _____

-OR-

(hiDn identifier of Trusted Agent)

(Signature of Trusted Agent)

Digital Identity Registration

The Entity affidavit should be signed and dated an owner, officer or legal agent of the organization.
The affidavit must be signed in front of a notary and notarized with the notary seal.
The Notary's signature must be visible and readable.

If a notary is not available, you can also contact helpdesk to schedule a video call or skype with a trusted agent to complete identity verification.

Affidavit Affirming Entity Profile and Authority to Act

1. The undersigned acknowledges that the terms "Entity" or "Subscriber" or "Client", as used within this affidavit and documents referenced in this affidavit, shall mean the proprietor, company, corporation, partnership or other legal entity registering to use hDirect Network services or other services ("Services") provided by Inpriva, Inc.
2. The undersigned certifies that he/she is an officer, partner, owner or agent of Entity, holds the title set forth below, and is authorized to act for the Entity and make the representations, affirmations and certifications contained hereinafter.
3. The undersigned represents and affirms the accuracy of the following profile information provided to Inpriva through its Health ID Network (hIDn) division and acknowledges that other participants in the Inpriva hDirect Network, the DirectTrust Accredited Trust Bundle and the Nationwide Health Information Network (NwHIN) will rely on such disclosures in their transactions with Entity that may involve exchange and disclosure of HIPAA Protected Health Information:
 - a. Legal Name of Entity:
 - b. Address:
 - c. Phone:
 - d. Email:
 - e. Type of Legal Entity:
 - f. State of organization:
 - h. Tax Payer id:
 - j. National Provider Identifier:
4. The undersigned acknowledges that the Entity understands that Services are provided subject the terms and conditions of the Network Services Agreement available online [here](#), together with extensions and amendments thereto and any additional terms and conditions described in an addendum for a particular subscribed service.
5. The undersigned certifies that the following individual (who shall be designated the "Authorized Representative") has the authority to act on behalf of the Entity in all matters pertaining to its use of Services including, but without limitation, authorization of user access to the hDirect Network in accordance with the requirements of the hDirect Network End-User Agreement available online [here](#), together with extensions and amendments thereto, and the delegation of all or any portion of this authority.

Authorized Representative:
6. The undersigned acknowledges that the foregoing certifications of authority shall remain in full force and effect until written notice of amendment or rescission is received as provided in the hDirect Network End-User Agreement.

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge.

Dated this _____ day of _____, _____

Title:
(Printed/typed name of authorized officer, partner, owner or agent of Entity)

(Signature of authorized officer, partner, owner or agent of Entity)
HDM 1

STATE OF _____

COUNTY OF _____

Swore to and subscribed before me this _____ day of _____, _____

(Printed/typed name of notary public)

(Signature and seal/stamp of notary public)

My commission expires: _____

-OR-

ATTESTED before me this _____ day of _____, _____

(hIDn identifier of Trusted Agent)

(Signature of Trusted Agent)

Questions?

Contact the healthConnect Alaska Helpdesk

Email: support@ak-ehealth.org

Phone: 970-770-2626

[healthConnect Alaska DSM](#)