



289 Laclair Street Coos Bay, OR 97420

# Online User Registration Request

Phone 541-269-7400 | Fax 541-269-0141  
Toll Free: 800-264-0014 | TTY: 877-769-7400

## User Registration will not be granted unless all fields are completed:

User Name: \_\_\_\_\_  
Last Name First Name

Email Address (please print): \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_  
Street City State/Zip

Job Title: \_\_\_\_\_ Job Responsibilities\*: \_\_\_\_\_

*\*Access to confidential information will be granted based on job responsibilities noted above.*

### Requesting Access for:

- Access to Eligibility Verification & PCP Assignment
- Access to Referral/Authorization & Claims Status for Provider(s)

List Individual Provider(s) and their NPI's that the user needs access to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_,

Federal Tax ID Number: \_\_\_\_\_ (Required)

Clinic/Facility NPI Number: \_\_\_\_\_

**\*\*\* Your signature below indicates that you have read, understand and agree with Advanced Health's Agreement To Access Confidential Data\*\*\***

User signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representatives title: \_\_\_\_\_

**\*\*\*Return this page via email to [Emilie.Wilson@advancedhealth.com](mailto:Emilie.Wilson@advancedhealth.com) or via fax to 541-266-0141 attn: Emilie Wilson**

For ADVANCED HEALTH Use Only:  
Clearance/Status \_\_\_\_\_ Notes: \_\_\_\_\_

Onscreen User Name: \_\_\_\_\_ Assigned Password: \_\_\_\_\_

Date User Notified: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_



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## AGREEMENT TO ACCESS CONFIDENTIAL DATA

In accordance with this Agreement, Access to Confidential Client Data is hereby granted by Western Oregon Advanced health, LLC, doing business as ADVANCED HEALTH, to:

**Clinic Name:** \_\_\_\_\_

hereafter referred to as PROVIDER.

### I. TERM

This Agreement shall become effective on the date which all parties have signed and shall expired as set forth in Section VII of this Agreement.

### II. PURPOSE

PROVIDER has requested inquiry-only on-line access to the ADVANCED HEALTH client data. This access will be limited to data required for the administration of client benefits under the Oregon Health Plan.

### III. SCOPE OF AGREEMENT

Under this Agreement, ADVANCED HEALTH grants limited on-line access to ADVANCED HEALTH client data by the PROVIDER. The use or disclosure of information concerning clients is strictly limited to client eligibility and Information to be used by PROVIDER for the purpose of administering client benefits under the Oregon Health Plan.

### IV. PROVIDERS DUTIES

- A. PROVIDER shall safeguard all information to the extent required under the prevailing standards for medical records confidentiality and all federal and state laws, rules, and regulations regarding the disclosure of client data and information. PROVIDER access and use of ADVANCED HEALTH on-line client data is covered by the Health Insurance Portability and Accountability Act of 1996 and the federal regulations implementing the Act (collectively referred to as HIPAA). PROVIDER agrees to protect individually identifiable health information available from ADVANCED HEALTH on-line access from unauthorized use or disclosure, consistent with the requirements of HIPAA.
- B. PROVIDER shall administer, control, and monitor access and use of the data obtained under this Agreement to ensure that the confidential nature of the information is preserved.

- C. PROVIDER shall access on-line client data only for those persons who claim to be eligible for the Oregon Health Plan and who are enrolled in managed care and assigned to ADVANCED HEALTH.
- D. PROVIDER shall not modify, alter, delete or destroy any data which is made available and shall not access data for purposes other than those specifically authorized under this Agreement.
- E. PROVIDER shall allow ADVANCED HEALTH, or its authorize representatives, access to the officers and employees, facilities, and the books and records of the PROVIDER so that ADVANCED HEALTH may verify that the PROVIDER is complying with the terms of the Agreement. Access granted by PROVIDER under this subsection does not relieve the PROVIDER from complying with the terms of his Agreement.

**V. COSTS**

Costs related to the acquisition of all PROVIDER equipment, software, data lines or connections necessary to access ADVANCED HEALTH on-line client data are the responsibility of the PROVIDER. There will be no cost related to obtaining the data itself.

**VI. AMENDMENT**

The terms of this Agreement may not be waived, altered, modified, supplemented or amended, in any manner whatsoever, except by written agreement signed by the parties. The parties agree to take such action as is necessary to amend this agreement from time to time as is necessary in order to comply with all federal and state laws, rules and regulations.

**VII. TERMINATION**

- A. This Agreement may be terminated at any time by mutual consent of both parties, or upon employment termination with the Clinic listed above or after three months of account inactivity on the part of the PROVIDER or by either party upon 30 days' notice in writing and delivered by certified mail or in person.
- B. In addition, ADVANCED HEALTH may terminate this Agreement, in whole or in part, effective upon delivery of written notice to the PROVIDER, or at such later date as may be established by ADVANCED HEALTH, if the PROVIDER fails to comply with any of the terms of this Agreement.
- C. Termination of this Agreement shall have no effect upon the rights and obligations of the parties arising under this Agreement prior to the effective date of termination.
- D. Upon termination, the rights and remedies of ADVANCED HEALTH provided in this section are not exclusive and are in addition to any rights and remedies provided by law or under this Agreement.