Contract Provider Name:

Make the following change to our list of permissive user(s) to enter/view claims:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| User Name | Job Title | Email Address | Add | Delete |
|  |  |  |  |  |
|  |  |  |  |  |

By requesting access to IRIS for the User(s) named above, I hereby agree:

1. To immediately notify externalclaims@riverwoodcenter.org at BMHA if the User ends employment or if they transition to a position that would no longer require access to the claims system for their job function.
2. To notify the User that all usernames and passwords must be used only by the person that it has been assigned. Violation of this may result in sanctions.
3. Protected Health Information accessed and/or retrieved from IRIS is intended only for the review and/or use of the authorized user for legitimate business needs. Access and/or retrieval of information from IRIS for any other purpose is expressly prohibited by State and Federal confidentiality laws.
4. User’s access to IRIS will be recorded electronically, and IRIS use may be audited by BMHA at any time.
5. To inform User to only access Protected Health Information for billing purposes and will access the minimum amount of information needed to accomplish the intended business purpose.
6. To inform User not to use or disclose Protected Health Information other than as permitted by law.

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Supervisor

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 Printed Name / Title