Contract Provider Name:

As an authorized representative of the Contracted Provider named above, I wish to add the following Third Party to our list of permissive users to enter/view claims in IRIS:

|  |  |  |
| --- | --- | --- |
| Third-Party’s Business Name | Third Party’s Representative Name & Title | Email Address |
|  |  |  |

By requesting access to IRIS for the Third-Party named above, I hereby agree:

1. To immediately notify externalclaims@riverwoodcenter.org at BMHA if the Contracted Provider ends a working relationship with the Third-Party or if they no longer require access to the claims system for their job function.
2. The 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. Access to IRIS will be recorded electronically, and IRIS use may be audited by BMHA at any time.
5. The Third-Party may only access Protected Health Information for billing purposes and will access the minimum amount of information needed to accomplish the intended business purpose.
6. The Third-Party may not to use or disclose Protected Health Information other than as permitted by law.

By signing this form, I acknowledge that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Contracted Provider) has requested access to the IRIS System for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Third Party) as they require access to perform

Business Associate functions on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Contracted

Provider).

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

Date Contracted Provider Signature

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

 Printed Name / Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Third Party) agrees to only access information

consistent with the Business Associate Agreement (BAA) they have executed with

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Contracted Provider) and with State and Federal

Confidentiality laws.

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

Date Third- Party Signature

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

 Printed Name / Title