



HEALTHeLINK™
Registration Application

Date:

Participant Name (please print):

Department/Group *within* Participant (if applicable):

Organization NPI:

Entity Type (check one):

Individual / Sole Proprietor

General Partnership

Business Corporation

Limited Partnership

Professional Service Corporation

Limited Liability Partnership

Limited Liability Company

Other

Participant Type (check one):

Clinical Practice

Behavioral Health

Primary Care

Health Home Member

Urgent Care

Pharmacy

Public Health Agency

Laboratory

Long Term Care

Radiology

Other

1. Is Participant a Covered Entity? (as defined in the HIPAA rules) Yes No

2. Is Participant a 42 CFR Part 2 Entity? Yes No

3. Is Participant a Hybrid* (45 CFR Sec 164.105)? Yes No

*If yes, please attach a copy of your election of Hybrid Designation document.

Main Address:

Suite/Floor/Bldg:

City, State, Zip Code:

Primary Business Phone:

Fax:

Number of Providers (MD, DO, NP, PA):

No. of Sites:

EMR Vendor:

Address 2:

City/State/Zip Code:

Phone:

Fax:

Address 3:

City/State/Zip Code:



Phone:

Fax:

Authorized Contact/s (See attached responsibilities):

1. Name:

4-Digit PIN#:

Phone:

Email:

2. Name:

4-Digit PIN#:

Phone:

Email:

Privacy Officer:

Name:

4-Digit PIN#:

Phone:

Email:

Security Officer:

Name:

4-Digit PIN#:

Phone:

Email:

The undersigned represents and attests that all facts and information are accurate, current, complete, not misleading and that:

- (a) The Participant is what he / she represents it to be;
- (b) The Participant will notify HEALTHeLINK of any changes to the information contained on this form within ten (10) days of such change; and
- (c) The Participant and all agents and employees thereof will at all times accurately represent itself, himself and/or herself in all communications using HEALTHeLINK/HEALTHeNET Services.

Authorized Signer:

Printed Name:

Title:

Date:



Responsibilities of the Authorized Contact (AC) and Privacy Officer (PO)

An “Authorized Contact” is the person(s) within your practice, facility or organization who will be responsible for the duties listed below. The AC may or may not also be the Privacy and/or Security Officer. If another individual serves in either of these roles, please identify them on the HEALTHeLINK Registration Application. Responsibilities of the AC include:

Communication

- Provide HEALTHeLINK with a valid business email address to ensure delivery of important notices regarding enhancements, maintenance or outages, or other critical communications
- Communicate all changes or additions in the practice address, email address, phone or fax numbers to your HEALTHeLINK account manager immediately.
- Communicate changes prior to major business transaction such as mergers, sale or incorporation of your practice. Notification could be critical to preserve your current Participation Agreement (PA) and patients’ consent status. Notifications after the fact may result in the termination of your current PA and loss of your current patients’ consents.

Administration

- Manage Authorized Users within the practice/organization by submitting requests through the AC Portal:
 - Deactivations must be reported within 24 hours of termination or role change that no longer requires use of HEALTHeLINK
 - New User Requests – be sure to select options carefully based upon the user’s role in the organization, i.e. need to view Clinical Results (Clinical) or Demographic Data/Consent Status only (Non-Clinical)
 - User Lists must be reviewed every 30 days. Failure to do so will block your ability to request any new users
- Ensure each User of HEALTHeLINK is trained in HIPAA and HEALTHeLINK Policies and Procedures prior to providing access, and annually thereafter
- Contact our Help Desk at 877-895-4724 with any User problems including difficulties accessing HEALTHeLINK

Other

- A practice may have more than one AC to handle off-hours password issues and manage multiple site practices. The AC will inform their HEALTHeLINK account manager of additional or new ACs.

Responsibilities of the HIPAA Designated Privacy Officer

Per requirements of the Participation Agreement and HEALTHeLINK Privacy policies, the designated privacy officer, or their designee, will perform the following activities with regards to the organizations use of HEALTHeLINK.

- Communicate with HEALTHeLINK’s compliance officer any inappropriate access of patient record(s).
- Assist HEALTHeLINK with any privacy related investigations.
- Respond to HEALTHeLINK Audit requests in a timely manner.
- Review all uses of Break the Glass for appropriateness of use (as applicable). Assure that all Authorized users are trained in HIPAA and HEALTHeLINK Policies and Procedures.

