



Online Designee Assignment Form

The purpose of this form is to assign an individual as the Designee of the online client portal maintained by GuidantRx. The Designee will have access to all reports offered online, including reports containing Protected Health Information (PHI) as defined by the Health Insurance Portability and Accountability Act or HIPAA. The Designee will have access to and the ability to make changes to member eligibility of the client listed. The Designee will assume authority and responsibility of granting and revoking additional user access to the GuidantRx Client Portal. This Online Designee Assignment Form must be completed and signed by a Corporate Officer of the client listed. TPAs that are responsible for eligibility for clients will have access to all reports for those clients they administer.

The assignment of the Designee will remain active until the client terminates their contract with GuidantRx or until a replacement Designee is assigned and a new completed form is submitted to GuidantRx. It is the client's responsibility to contact GuidantRx should the Designee cease employment or change positions within the organization that would require the termination of the Designee's access. All information must be completed for the Designee to be assigned.

Company/Client Name

Designee Information

| | | | |
|-----------------------|--|------------------|--|
| First Name | | Last Name | |
| Title | | Phone | |
| Email Address* | | | |

* Public e-mail addresses cannot be accepted: aol.com, gmail.com, yahoo.com, etc.

Agreement – must be signed by the assigned individual listed above to have Designee status

I understand that providing PHI to anyone that does not require such information for purposes of Payment, Operations or Treatment or the use of PHI for any purpose other than Payment, Operations or Treatment is a violation of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA) and may be subject to state and federal criminal and civil penalties.

Signature of Designee

| | | |
|------------------------------|--------------------------|------|
| | | |
| Signature of Access Designee | Printed Name of Designee | Date |

Authorization/Revocation of Designee

Authorize Revoke Effective Date: _____

Purpose of Authorization: Operations Payment

I authorize GuidantRx to provide/cancel access to Protected Health Information (PHI) to the Designee listed above. I understand that providing PHI to anyone that does not require such information for purposes of Payment, Operations or Treatment is a violation of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA) and may be subject to state and federal criminal and civil penalties.

The individual listed below certifies that they are duly authorized to grant such access on the date set forth below. By executing this Designee Assignment Form, the undersigned individual hereby warrants and represents that they have read this form in its entirety and understand and agree to all its terms.

Company/Client Authorization

First Name: _____ Last Name: _____ Title: _____

E-mail address: _____ Phone: _____

Signature: _____ Date: _____