Online User Access Form

The purpose of this form is to grant or revoke an individual user access to reports and/or eligibility available on the GuidantRx Client Portal. This Online User Access form must be signed by both the user and the authorized designee of the specified client. If no one has been designated, the Online Designee Assignment Form must be completed before access to the applications can be granted. This documentation is for the protection of our clients. All information for the user must be completed to grant access.

User Information

Company		**Groups***	
First Name		**Last Name**	
Title		**Phone**	
Email Address**			

*All groups will be included unless otherwise noted **Public e-mail addresses cannot be accepted: aol.com, gmail.com, yahoo.com, etc.

Agreement – must be signed by the authorized individual listed above to have user access

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 User	Printed Name of User	Date

Eligibility Access

Eligibility Updates	Grant Access	Revoke Access
Allow additions, terminations & changes to a member's eligibility profile.	☐	☐

Report Access

GuidantRx provides standard non-PHI reports, allowing the comparison and research of medication utilization and cost.
Also available are PHI reports showcasing patient and medication name details, on a claim-by-claim basis.

Report Generation	Grant Access	Revoke Access
GuidantRx Standard Reports	☐	☐
Protected Health Information (PHI) Reports	☐	☐

Purpose of Authorization: ☐ **Operations** ☐ **Payment** **Effective Date:** _____

I authorize GuidantRx to provide/cancel access to Protected Health Information (PHI) to the User 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.

Designee Approval

First Name: _____ Last Name: _____ Title: _____

E-mail address: _____ Phone: _____

Designee Signature: _____ Date: _____