

# Online Account Services User ID Request Form

QUESTIONS?

Northern California 1-800-893-2971, fax 1-858-614-3344  
Southern California 1-800-893-2971, fax 1-858-614-3345  
Outside of California 1-866-575-3562, fax 1-866-551-9597  
View contracts 1-800-893-2971, fax 1-858-614-3315

New     Change     View contracts (CA only)    Date:

## Customer/Group information

Customer/Group name

Customer/Group number and region (Example: 123456 Southern California)


## Customer/Group's primary user information

The group's primary user has access to sensitive demographic information such as name, address, Social Security number, date of birth, Medicare status, and disabled status of all members on the group account.

The group's primary user provides Web access to secondary users by assigning user IDs, maintaining access levels, and removing secondary users' access to the Kaiser Permanente website when access is no longer necessary. The primary user ID is nontransferable. Kaiser Permanente must be notified of any changes to the primary user.

Group primary user/group administrator _____	
E-mail address _____	
Address _____	
City, State, ZIP _____	
Phone _____	Fax _____
Please circle the description that best describes the primary user's role:	
<b>Employee</b>	<b>Business Associate of Group Health Plan</b>
<b>Consultant</b>	<b>Broker</b>
<b>Other</b> _____	(please specify)

If the primary user is not an employee of the group, please complete the *Disclosure of PHI to Third Party* form.

## Customer/Group contract signer information

Signature of representative on record	Title
<input type="text"/>	
Name (please print)	Phone
<input type="text"/>	
E-mail address (please print)	
<input type="text"/>	

For administrative use only

ASSIGNED USER ID:	DATE CREATED:
TEMPORARY PASSWORD:	DATE UPDATED:

# Disclosure of PHI to Third Party (Business Associate) of Customer/Group

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Kaiser Foundation Health Plan, Inc. (KFHP), may provide personal health information (PHI) only to those third parties\* who are identified by a group as its business associates. KFHP must receive written assurance from the group that a business associate agreement exists between the group and the third party, and that the business associate agreement permits the business associate to receive requested PHI from KFHP which KFHP could lawfully have disclosed to the group itself.

**The group must advise KFHP immediately when the third party is no longer its business associate.**

Please provide the third party's information below.

Third party contact _____
Third party company name _____
Address _____
City, State, ZIP _____
Phone _____ Fax _____
Please list all services provided by the third party: _____

By signing below, the group agrees and certifies that:

1. The third party listed above performs the listed services on behalf of the group;
2. A business associate agreement exists between the group and the third party listed above;
3. KFHP may disclose to the third party certain PHI as necessary for the third party to provide services for or on behalf of the group; and
4. The group will immediately inform KFHP when the business associate has been terminated or their agreement with the third party has been revised.

Information may be shared with the preceding third party who is acting on behalf of:

Group name

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Signature of representative on record

Date

--

Print name

Title

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Please fax this form to the number listed above for your area.

\*Third party includes third-party administrators or consultants who act on behalf of the group.