

Authorization Form for Third-Party Access to NaviNet

CASE# _____



NaviNet is required to implement reasonable administrative and technical safeguards before it can provide a third party access to patient information held by a provider entity (covered entity.)

Type or print all needed information.

This is to advise NaviNet that _____ (provider entity/provider office name) has approved

_____ (third-party name) to have access to NaviNet to view all information needed for the research, submission, and adjustment of claims; collection and follow up matters; determination of eligibility and benefits; as well as any other health care operations deemed necessary by the provider. This access will allow the third party to access protected health information on behalf of your provider organization with various health plans within NaviNet. This authorization form will enable the third party listed above access to all present and future health plans available to your provider organization within NaviNet.

Provider entity confirms that the third party has signed a written agreement pursuant to which it has agreed to treat any information it receives from the provider office (via NaviNet or otherwise) as confidential, and in accordance with all applicable laws and regulations. Further, in consideration of NaviNet's acceptance of the third party, the provider entity agrees that it will indemnify and hold NaviNet harmless for any and all damages, claims and expenses that NaviNet may incur or that may be asserted against NaviNet as a result of the negligent or intentional actions of the third party in carrying out its duties with the purposes noted above.

NaviNet shall be entitled to rely on this letter until revoked in writing (for example, it is the provider entity's responsibility to notify NaviNet of the termination of or a change in its relationship with the third party).

The signatures below indicate acceptance by both parties of all conditions outlined in the above paragraphs.

Please Note: Signatures are required from a third-party employee and an employee from the provider entity/provider office. A third-party employee cannot sign on behalf of the provider entity/provider office. Electronic Signatures will not be accepted.

To be completed by the provider office	
Provider Entity/Provider Office Tax ID □ □ □ □ □ □ □ □ □ □	Provider Entity/Provider Office Group Name _____
Authorized Employee (or NaviNet Security Officer) Name _____	Authorized Employee Telephone Number _____
Signature of Authorized Employee _____	Date _____

To be completed by the third party	
Authorized Employee (or NaviNet Security Officer) Name _____	Authorized Employee Telephone Number _____
Signature of Authorized Employee _____	Date _____

Please upload the signed and completed forms to your NaviNet case via one of these two options:

(A) If your office is brand new to NaviNet, attach the completed form to your *registration* case by uploading to:

<https://navinet.secure.force.com/csregistrationstatuscheck>

or

(B) If your office is actively using NaviNet already, attach the completed form to your *support* case by uploading to:

<https://navinet.navimedix.com/my-account/my-profile>

Detailed instructions can be found at: <http://support.navinet.net/health-plans/navinet-basics/user-guide/uploading-third-party-authorization-form>