

# Health Connect New Office Packet Instructions

Please print out the new office packet and complete the following forms for your location in their entirety. If you have questions on how to fill out this packet please contact Provider Services at 775-982-3233.

## Required Forms (3):

- **Office Information Sheet** – Fill in the Office Information Section with current contact and address information of your office. Designate a super-user and a backup super-user for your office. The super-user will be your office's primary HealthConnect Contact, they are responsible for authorizing new account setups and account deactivations. Include all the tax IDs that need to be associated to your account and the providers they belong to. *Info Sheets without the appropriate Authorized Signature will not be processed.*
- **User Confidentiality Agreement(s)** – Two forms are provided for the designated super-user and backup super-user for the initial set up of the account. Each person who will use HealthConnect must complete this form in its entirety. Make copies of this form for your office for new employees requesting a new account. *Confidentiality Agreements without the appropriate Authorized Signature will not be processed.*
- **Office Terms and Conditions** – Read this document, fill in the first blank with your practice/company name. Under "Duration of Agreement" fill in the current date. Do NOT forget to have the Authorized Signer sign the last page under "Signed and Agreed to by:" Print the Practice's/Office's mailing address on the last page. *Terms and Conditions without the appropriate Authorized Signature will not be processed.*

**Definition of Authorized Signature:** The signature of a person in a position of authority at the practice/company who can verify/confirm that the requestor is authorized on behalf of the practice/company to access the protected information within HealthConnect. Examples of preferred authorized signatures are that of a Physician/Provider, Owner of the practice, or Legal Representative of the practice/company.

When all forms are completed, please fax to 775.982.8003. If you have any questions please feel free to call the help desk at 775.982.4042 to log a ticket.

Address to Mail Forms:  
Attn: Provider Services  
10315 Professional Circle  
Reno, NV 89521

# Office Information Sheet

## Office Contact Information

Practice/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Group Tax ID: \_\_\_\_\_

Practice/Company Email Address: \_\_\_\_\_

## Doctor Taxpayer Identification Numbers associated with this office (attach separate list if needed):

- ❖ \_\_\_\_\_
- ❖ \_\_\_\_\_
- ❖ \_\_\_\_\_

## Primary Contact Information (SuperUser)

Contact Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

## Secondary Contact Information (Backup SuperUser)

Contact Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

\*Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Owner, Provider or Legal Representative)

\*Authorized Signer Print Name: \_\_\_\_\_

\*Job Title: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

\*Applications without the appropriate Authorized Signature as defined in the HealthConnect New Office Packet Instructions will not be processed.\*

# Health Connect User Confidentiality Agreement

\*\* Incomplete forms and forms without appropriate signatures will not be processed. \*\*

I, \_\_\_\_\_ (**please print**), agree to handle all information obtained through the use of Health Connect with the utmost confidentiality. I understand that Renown Health (*Hometown Health*) is granting me access to Health Connect for the use in the course and scope of my employment. I also understand that Renown Health (*Hometown Health*) has assigned to me a user ID for the sole purpose of allowing me to access Health Connect. I understand that any negligent or intentional violation of this agreement or breach of patient confidentiality using information acquired through Renown Health applications and services will be cause for immediate termination of all system privileges and appropriate discipline pursuant to Renown Health policies and procedures. Furthermore, Renown Health shall take appropriate action to comply with any and all applicable federal, state and local laws and regulations regarding such a violation including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

## Password/User ID Terms of Use:

- I agree to use only my own user ID, and will not share my user ID and password with others.
- I agree to use my unique user ID and password only in the course and scope of my employment.
- I agree to safeguard my unique user ID and password.
- I agree that I will not leave any workstation unattended for 20 minutes while being signed on to the system.

## Data/Patient Information:

- I agree to comply with the applicable provisions of HIPAA and Renown Health policies and procedures related to HIPAA, patient privacy and Information Protection.
- I will not access patient or member data for any reason or purpose unrelated to my employment.
- If I believe that information security has been compromised, I will notify Renown Health Compliance immediately.
- I will not share the data obtained through Health Connect with any person, office or entity that does not contract directly with Renown Health (*Hometown Health*) for the services provided by this agreement.

User signature: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate (mm/dd) \_\_\_\_/\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Clinic/Office/Department Name AND Tax Identification Numbers:

\_\_\_\_\_

\*Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Print Name: \_\_\_\_\_ \*Title: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

**Fax completed Form to: 775-982-8003**

For Internal Use: Date Request Received \_\_\_\_\_

Account Approved \_\_\_\_\_ Denied \_\_\_\_\_

User Name \_\_\_\_\_

Password \_\_\_\_\_

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Clinic/Office/Department Name AND Tax Identification Numbers:

\_\_\_\_\_

\*Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Print Name: \_\_\_\_\_ \*Title: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

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For Internal Use: Date Request Received \_\_\_\_\_

Account Approved \_\_\_\_\_ Denied \_\_\_\_\_

User Name \_\_\_\_\_

Password \_\_\_\_\_

# Health Connect Terms and Conditions

Health Connect provides users with the ability to communicate electronically with other subscribers and users connected to services provided by Renown Health. \_\_\_\_\_ (**Print Office Name**) is a Medical Services Provider, Ancillary Medical Provider, Supply Company or any Service Company who is licensed to sell medical products or provide medical services. The person completing this form on behalf of the user represents that he or she is duly authorized to bind the user to the terms and conditions herein. The terms and conditions apply to your use of any and all Renown Health (Hometown Health) services. By registering as a user, you agree to be bound by these terms and conditions.

The user shall ensure that only authorized personnel have access to the unique user ID and password(s). Any information transmitted through the Renown Health system will be the sole responsibility of the user whose ID and password was utilized to gain access. A user should immediately request a new user ID and a new password if they suspect the unauthorized use or loss of login information.

## Duration of Agreement

The parties to this agreement agree that the terms and conditions set forth herein shall remain in effect for the subscription period which commences on \_\_\_\_\_, 20\_\_\_\_ and automatically renews on a yearly basis or automatically terminates upon the termination of your provider contract with Hometown Health or 90 days of inactivity.

Renown Health (Hometown Health) reserves the right to cancel this agreement at any time, with or without cause. Such termination will be effective immediately.

## Provision of the Service

Renown Health takes all commercially reasonable measures to ensure that its systems are available without interruption, except for any scheduled down time required for maintenance purposes. However, difficulties with hardware, software, and equipment and services supplied by others may result in service interruptions. In no event will Renown Health (Hometown Health) be liable to any party for any loss, cost or damage that results from any interruption to the services provided to the user.

Renown Health has set minimum requirements for user hardware, software, and internet access speed. If the user fails to meet these minimum requirements, then Renown Health will not support the Health Connect account. If you are accessing some of the specialized features provided by Renown Health, such as PACS and Net Access, you will have a different set of minimum requirements than listed below. Please contact Renown Health IT for details.

## Confidentiality

- A. By User: User shall hold and maintain all information received via Health Connect service as confidential. It shall preserve such information in the strictest secrecy and confidence and shall use the information solely for the purpose of facilitating communication between other users, subscribers and vendors.
- B. By Renown Health: Renown Health shall hold and maintain all information received via its services as confidential. It shall preserve such information in the strictest secrecy and confidence and shall use the information solely for the purpose of facilitating communication between its users, subscribers and vendors.

## Intellectual Property

All Health Connect site content, and the content of other services provided by Renown Health, is protected by applicable copyright law unless otherwise noted. Copyrighted material of other third parties is used only with their express permission. As a registered user of our system, you will be entitled to print out pages and other information only for internal, legitimate purposes related to your business activities. Users are prohibited from using any information obtained through our system for any purpose inconsistent with these Terms and Conditions or inconsistent with the terms of any confidentiality or similar agreement with another user. Trademarks and service marks belonging to us or other entities may not be used without the permission of the owner of such marks, except as provided by law. All title to, ownership of and rights in and to the software and any intellectual property used to operate our services, including any enhancements, improvements, additions to or works derived there from, do and shall belong to us, unless specifically provided otherwise in a written agreement to which we are a party.

### **Effect of Breach**

- A. By User: Renown Health reserves the right to cancel this agreement at any time upon default by user by material breach of the terms herein.
- B. By Renown Health: In the event of a material breach by Renown Health in performing this contract, user reserves the right to cancel this agreement at any time.

### **Indemnification**

Renown Health provides its service to users, subscribers and vendors to facilitate communication between them. Each user, subscriber and vendor indemnifies Renown Health against any liability arising from the acts of each such user, subscriber and vendor in its use of Health Connect. User hereby agrees to indemnify Renown Health for any liability arising from an action or omission on the part of user. User also agrees that it will not hold Renown Health liable for damages caused by the acts and/or omissions of any other user, subscriber and vendor connected to Health Connect.

### **Good Faith Intent**

Should we determine, in our sole discretion, that a party is using our system in a manner inconsistent with the requirements of this agreement and other policies, we may revoke its subscription.

### **Prohibited Uses**

No party may use our system for anything other than a lawful and legitimate business purpose. Examples of prohibited uses of our system include, but are not limited to, the following: (a) Removing data in an unauthorized manner for the purposes of reselling the information, (b) placement on the site of any untrue, malicious, fraudulent, harassing, offensive or defamatory material, or any material that is irrelevant to a legitimate use of the site; (c) introduction of viruses, worms or other programming's routines that are intended to disrupt or interfere with the intended operation of the site; (d) insertion of links to other sites of whatever character; (e) promotion of any unlawful activity or purpose, including any activity that could give rise to criminal or civil liability; (g) unauthorized alteration of any data or information supplied by another user of the site; or (h) any activity that infringes on the copyright, patent, trademark or other rights of any person or entity.

Any party that uses Renown Health services in violation of these terms and conditions or policies and procedures may have its subscription revoked and may be barred from any future use of these services. Any content introduced to our site as a result of or which constitutes an impermissible use, as determined in our sole discretion, may be removed from the site. Parties that engage in a prohibited use of the site will be liable to us for damages we incur as a result.

### **Limits of Liability**

Health Connect service is provided for the confidential use and convenience of the users, subscribers and vendors under contract with Renown Health allowing connection to Health Connect service. Renown Health is not responsible for, nor will user hold Renown Health liable for, information contained in electronic transmissions carried over the service.

Due to the complex nature of computer software, Renown Health does not warrant that the software is completely error free, will operate without interruption or is compatible with all equipment or software configurations.

**The foregoing express limited warranties are in lieu of, and Renown Health specifically disclaims, all other warranties, express or implied, including but not limited to the warranties of merchantability and fitness for a particular purpose.**

In no event will Renown Health be liable for indirect, incidental or consequential damages, including, without limitation, loss of income, profits, use or information; nor shall the total liability of Renown Health exceed the amount paid for subscription fees.

### **Restrictions**

User agrees not to use Health Connect service as a tool to aid in the development of a new managed care organization as defined by the state of Nevada, third party administrator, preferred provider organization, utilization review agency, or to provide re-pricing or claims clearinghouse services.

User may not rent, lease or reproduce the software or the service to any other person or entity.

## General Provisions

- A. **COPYRIGHT:** User agrees to take all necessary steps to ensure that the provisions of this agreement are not violated by user or any other person in its control or in its service, and user shall not, nor shall it permit or cause any such person to disassemble, reverse compile, create derivative works, or tamper with the software. All copyright, patent, trade secret and other intellectual and proprietary rights in the software (except those belonging to Microsoft corp) shall remain the valuable property of Renown Health.
- B. **PATENT/TRADE SECRETS:** All patent, trade secrets and other intellectual and proprietary rights in this software (except those belonging to Microsoft corp.) shall remain the valuable property of Renown Health.
- C. **GOVERNMENT LICENSEE:** If the user is an agency or unit of the United States Government, the following provisions apply:
  - 1. The Government acknowledges Renown Health's representation that the software and its documentation were developed at private expense and are not part of the public domain.
  - 2. The Government acknowledges Renown Health's representation that the software is "Restricted Computer Software" as that term is defined in Clause 52.227-19 of the Federal Acquisition Regulations (hereinafter "FAR") and is "Commercial Computer Software as that term is defined in Subpart 227.471 of the Department of Defense Federal Acquisition Regulation Supplement (hereinafter "DFARS"). The Government agrees that:
    - a. If the software is supplied to the Department of Defense (hereinafter "DOD"), the software is classified as "Commercial Computer Software" and the Government is acquiring only "restricted rights" in the software and its documentation as that term is defined in Clause 252.227-7013(c)(1) of the DFARS, and
    - b. If the software is supplied to any agency or unit of the United States Government other than DOD, the Government's rights in the software and its documentation will be as defined in Clause 52.227-19(c)(2) of the FAR.
  - 3. **RESTRICTED RIGHTS LEGEND.** Use duplication, or disclosure by the Government is subject to restrictions as set forth in subparagraph (c)(1)(ii) of the Rights in Technical Data and Computer Software clause at DFARS 252.227-7013.
- D. **EXPORT LAW ASSURANCES:** User acknowledges and agrees that the software is subject to restrictions and controls imposed by the United States Export Administration Act (hereinafter "ACT") and the regulations there under. User agrees and certifies that neither the software nor any direct product thereof is being or will be acquired, shipped, transferred, or re-exported, directly or indirectly, into any country prohibited by the Act and the regulations there under or will be used for any purposes prohibited by the same.
- E. **APPLICABLE LAW:** This agreement shall be governed by the laws of the State of Nevada.
- F. **CENSORSHIP:** Renown Health retains the right to remove data, information, advertisements or other material from its service that Renown Health, in good faith, considers to be in violation of this agreement or is otherwise an improper use of its service, including but not limited to obscene or abusive language, willful interference with users, subscribers and vendors business dealings, nuisance and/or any information otherwise deemed inappropriate.
- G. **LEGAL OBLIGATIONS:** Renown Health's obligations hereunder are subject to the terms and conditions of licenses held by it and by applicable federal, state, and local laws and regulations.
- H. **ENTIRE AGREEMENT:** This agreement contains the entire agreement of the parties and there are no other promises or conditions in any other agreement whether oral or written. This agreement supersedes any prior written or oral agreements between the parties.
- I. **SEVERABILITY:** If any provisions of this agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this agreement is invalid or unenforceable, but that by limiting such provision it would become valid or enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

J. WAIVERS ARE NOT CONTINUING: The failure of either party to enforce any provision of this agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this agreement.

K. RESERVED RIGHTS:

1. Renown Health, in serving the interest of all parties to this agreement, reserves the right to delete any and all services without notice to the users.

2. Any and all forms submitted to use by Health Connect service becomes the sole property of Renown Health.

3. Modification of these terms and conditions. We reserve the right to modify these terms and conditions at any time.

We will advise all registered users of such changes and their effective date via e-mail, through a notice posted on the site or both. Such modifications will apply only to use of the site that commences after the effective date of modification.

L. NOTICES: All notices required or permitted under this agreement shall be in writing and shall be deemed delivered when delivered in person or deposited in the United States mail, postage paid, addressed as follows:

If to Hometown Health:  
10315 Professional Circle  
Reno, NV 89521

**\*If to User:**

**(Print Mailing Address)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Signed and agreed to by:**

"Authorized Signature" BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

WITNESS: \_\_\_\_\_