



****Please type your information directly into the form prior to printing ****
Access Request Form

Name of Provider(s) or Practice(s):				
Tax ID Number(s):		NPI Number(s):		
Mailing Address (Include Full Practice Name & Suite Number):				
Phone:		Fax:		
User Accounts Requested (Username: 6-10 characters only. No Special characters *;%# or spaces):				
	User 1	User 2	User 3	User 4
Name (First & Last)				
Email Address				
Title AND Workforce or Business Associate*				
Desired Username				
The following Hill Physicians eSolutions are included in this access request (unless otherwise specified):				
<ul style="list-style-type: none"> • Inquiry/Provider and Practice Resources 				
Please indicate your desire for access to other Hill Physicians eSolutions. <i>You will be contacted if further information and/or discussion is required.</i>				
<input type="checkbox"/> HillMetrics <input type="checkbox"/> eEOB (Electronic explanation of benefits) <input type="checkbox"/> eFT (Electronic Funds Transfer) <input type="checkbox"/> eRA (835file) <input type="checkbox"/> eAuthorization Submission				
<i>*Business Associates must also complete the Business Associate Release Form before access is granted</i>				

I authorize the above Users to access the data in Hill inSite that is associated with my NPI and TIN and as specified above. I also affirm that I have received a signed Business Associate Agreement from any User who is not a workforce member of the practice.

Provider Name (must match name associated with above NPI and TIN): _____

Provider Signature and Date: _____

Please complete this form and fax to your Practice Support Advisor East
Bay, San Francisco, Solano: (925) 743-9492
Sacramento: (916) 286-7096; San Joaquin: (209) 762-5092
 For questions, email inSite.support@hpmg.com

Internal Use Only:
 Compliance Statement
 Received:
 * User 1 * User 3
 * User 2 * User 4

This form is required in order for a Business Associate to access Hill Physicians participating provider protected health information (PHI) in Hill inSite. The Business Associate must obtain written permission from each practice they service in order to use *Hill inSite* on the practices' behalf.

The following portion should be completed by the Business Associate:**Name of Business Associate:****Address:****City, State, Zip:****Hill inSite users: please complete the following:****Your name and Username:****Description of Use:****The following portion should be completed by the Hill Physicians Medical Group practice:**

I affirm that I have obtained a Business Associate Agreement with the above Business Associate and grant them access to Hill inSite and Hill eSolutions on my behalf.

Name of Provider or Practice:**Tax ID Number(s):****NPI Number(s):****Provider Name** (must match name associated with above NPI and TIN):**Provider Signature and Date:**

Please complete this form, print and hand to your *Practice Support Advisor* or send via fax to:

East Bay: (925) 743-9492
San Francisco: (925) 743-9492
Solano: (925) 743-9492
San Joaquin: (209) 762-5092
Sacramento: (916) 286-7096

If you have any questions, please contact us at inSite.Support@hpmg.com.



Hill inSite Compliance Attestation

I, the undersigned, attest that I have read, understand, and will comply with the Hill Physicians User Access to Hill inSite Policy and agree to comply with all of the following requirements when accessing and using Hill inSite:

- Each User shall have a unique username and password to access Hill inSite. Username and passwords to access a User account shall not be shared or otherwise disclosed under any circumstance.
- Access and use of the data in Hill inSite must be limited to conducting business on behalf of the Hill Physicians provider affiliated with the User's account as it relates to Hill Physicians Medical Group business.
- Access to Protected Health Information through Hill inSite shall comply with the Minimum Necessary Standard per 45 CFR 164.502(b).
- Users shall not use the data contained in Hill inSite for any unlawful activities, including but not limited to fraudulent, libelous, slanderous, harassing, threatening, or other unlawful activities.
- Users must maintain the privacy and security of all information accessible through Hill inSite in accordance with the HIPAA Privacy and Security Rules as well as the California Confidentiality of Medical Information Act.
- Users must inform Hill Physicians immediately, and in no more than 5 calendar days, when there has been a Breach, as defined in 45 CFR 164.402, of any Protected Health Information accessible through Hill inSite

User Name

Provider Name AND Provider NPI affiliated with the User's account

User Signature

Date