



## AboveHealth Access Request Form

Please complete and fax to Community First's Provider Relations Department at (210) 358-6199.

Provider/Provider Group Name: \_\_\_\_\_

**WARNING: By granting individuals in your office and/or offices Provider Group access to AboveHealth, they may be able to view information that is considered Protected Health Information (PHI) under the federal law known as HIPAA.**

**NOTE: AboveHealth is a service provided by Community First to Participating Providers only. If you are interested in participating with Community First Health Plans, Inc., please call our Provider Relations Department at 210-358-6030.**

By signing this document, Provider/Provider Group (Group) agrees to the following terms and conditions of use:

- (1) Provider/Provider Group agrees that the Practice Administrator or Office Manager, as appropriate, is duly authorized to act as a representative of the Group for the purposes of this Agreement
- (2) Group understands that the information Group will receive through the use of AboveHealth is confidential and shall not be disclosed to anyone other than the listed AboveHealth user.
- (3) Group agrees to maintain the confidentiality of the account information including password and user IDs.
- (4) Group understands that the Practice Administrator (PA) or Office Manager (OM) will be responsible for enrolling additional Users under the Group and distributing User IDs and passwords, and will also be responsible for terminating Users as necessary
- (5) Group understands that Users will have access to AboveHealth from any internet-connected computer, regardless of location, and
- (6) Group understands and agrees that any failure to maintain the confidentiality of user information and/or the information made available to Group through AboveHealth will subject Group to civil and criminal liability.

Community First Health Plans may revoke access to AboveHealth at any time if they believe it is being misused.

Additional information regarding functions available on AboveHealth will be included in the notification of enrollment into the system, which will be mailed to the attention of the Practice Administrator or Office Manager at the practice's physical address. Two notices will be issued under separate cover, User ID and password, respectively.

**Please complete the following (please print):**

**Contracted Provider Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

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

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

**Provider or Provider's Group Tax ID Number:** \_\_\_\_\_

**Individual Providers Affiliated with Group:**

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Each Community First provider office must designate one **Primary Representative** (see AboveHealth Web Portal Agreement attached for a full definition). Please indicate the name of the **Primary Representative** below:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

To submit your request for registration, please fax your completed form and attached agreement to Community First at (210) 358-6199. If you have any questions above this form, please contact your provider relations representative at (210) 358-6030 Attention: Network Management.

**IMPORTANT: A signed AboveHealth Web Portal Agreement must accompany this form before registration can be completed. Thank you.**

**I, as a duly authorized representative of my physician group, acknowledge that I have read and fully understand this consent form. I understand the risks associated with the use of AboveHealth and consent on behalf of Group to the conditions outlined herein. In addition, I agree to any alterations and/or modifications to these conditions that Community First Health Plans may impose.**

**Primary Representative Printed Name:** \_\_\_\_\_

**Primary Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please keep a copy of this form for your own records.*

The Texas Penal Code, Chapter 32, states that a person is guilty of forgery when, with intent to defraud, alters, makes, completes, executes, or authenticates any writing so that it purports to be the act of another who did not authorize that act, or issues, transfers, registers the transfer of, passes, publishes, or otherwise utters a writing that is forged. Forgery is punishable by both fine and imprisonment.

The Texas Penal Code, Chapter 33A, states that a person is guilty of theft of telecommunications services if the person knowingly obtains or attempts to obtain telecommunications service to avoid or cause another person to avoid a lawful charge for that service by using:

(1) a telecommunications access device such as a computer or access code without the authority or consent of the subscriber or lawful holder of the device or pursuant to an agreement for an exchange of value with the subscriber or lawful holder of the device to allow another person to use the device;

(2) a telecommunications access device or counterfeit telecommunications access device; or

(3) a fraudulent or deceptive scheme, pretense, method, or conspiracy, or other device or means, including a false, altered, or stolen identification.

Theft of telecommunications services is punishable by both fine and imprisonment.)