

MedAllies New User Information Sheet

300 Westage Business Center Drive, Ste.320, Fishkill, NY 12524

Fax completed form to MedAllies at (845) 704-0791

Questions? Call (845) 896-0191 Ext. 3007

Practice Name:	Contract No.:
Street Address:	Phone Number:
City/State/Zip:	Fax Number:

Title (Mr., Mrs., Ms., Dr.):		Suffix (Jr., Sr., III):	
First Name:	Middle Initial:	Last Name:	
Job Title:			
Credentials (Check all that apply): <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Ph.D. <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> LPN <input type="checkbox"/> Other:			
Specialty:		Last Four Digits of SSN: (Required for Security Purposes) XXX – XX –	
E-mail:		I am interested in receiving the MedAllies newsletter via e-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you received a copy of the privacy statement and confidentiality statement? (Yes/No)

*Once the account is setup, you will be notified to schedule training.

Licensed Health Care Professionals Only

NYS Medical License Number:
Prescription DEA Number:
NPI Number:

For Physicians Only

Affiliated Hospitals (Fill out all that apply)

Benedictine Staff ID #:
Kingston Staff ID #:
Northern Dutchess Staff ID #:
St. Francis Staff ID #:
Vassar Staff ID #:

Affiliated Labs

LabCorp Account Number:
I am interested in E-Signing (Physician's Signature Required):

Authorization Signature:

MedAllies Office Use Only

Date Received:	Received by:
Date Verified:	Verified by:
Date Entered:	Entered by:

Fax to: (845)704-0791

rev080209



CONFIDENTIALITY STATEMENT

The primary purposes of medical information are to document the course of a patient's health care and to provide a medium of communication among health care professionals for current and future patient care.

In order to fulfill these purposes, significant amounts of data must be revealed and recorded. The patient must be assured that the information shared with health care professionals will remain confidential; otherwise, the patient may withhold critical information that could affect the quality of care provided.

MedAllies maintains a strict policy of confidentiality to safeguard the privacy of medical information. Patient information from any source and in any form is confidential. Access to confidential patient information is permitted only on a need-to-know basis.

MedAllies prohibits the release of data to unauthorized users with penalties for violation of such release up to and including termination of employment. Violations include, but are not limited to:

- Accessing information that is not within the scope of your job;
- Misusing, disclosing without proper authorization, or altering patient information;
- Disclosing to another person your sign-on code and password for accessing electronic or computerized records;
- Using another person's sign-on code and password for accessing electronic or computerized records;
- Leaving a secured application unattended while signed on; and
- Attempting to access a secured application without proper authorization

Unauthorized release of confidential information may also have personal, civil, and/or criminal liability and legal penalties attached. **These may include violations under HIPAA federal law up to \$50,000 per violation, with an annual cap of \$1,500,000 and 10 years in prison in addition to loss of participation in Medicare and Medicaid programs. MedAllies will report all suspected violations of patient privacy and confidentiality, access, and release of information to the appropriate authorities.**

I have been informed about the confidentiality of medical information I may have access to in the normal course business, its use and purpose, and understand and accept my responsibility to preserve the confidentiality of this information. I have read and agree to comply with the terms of the above statements. In addition, I understand the possible consequences of failing to fulfill this responsibility.

User's Signature

Date

MedAllies, Inc. Representative

Date



To effectively administer the MedAllies system utilizing the Healthvision application, MedAllies must collect non-public information including Social Security Numbers, DEA numbers, NYS License numbers, hospital ID numbers, and laboratory ID numbers from clinicians. MedAllies must also collect non-public information including Social Security numbers from clinical and administrative support staff.

We consider this information private and confidential. MedAllies only uses the information collected to provide access to the applications provided to our clients. We maintain physical, electronic and procedural safeguards to protect information against unauthorized access and use.

Each employee of MedAllies holds a position of trust relative to this information and recognizes the responsibilities entrusted in preserving the security and confidentiality of this information. MedAllies employees are required to sign a statement of confidentiality prior to their employment with the company. MedAllies has appropriate policies and procedures addressing confidentiality of user information.

MedAllies has business associate agreements with all organizations providing data into the MedAllies system in addition to a business associate agreement with the application vendor. Healthvision has contractually committed to being HIPAA compliant and all data will be secured and meet current and future HIPAA regulations. No data will be used for any purposes beyond the minimal necessary for system set-up, implementation, and authorized use.

For additional information regarding privacy and the Healthvision application, please contact the Portal Training Specialist at 845-896-0191 ext 3051.



Practice Name: _____ Date: _____

Name of User: _____

Copy to Practice Administrator / Office Manager / Physician Administrator: _____

- 1. I understand I have been authorized to access medical information through the MedAllies website. Access to this information is strictly limited to that information which I need to perform my job responsibilities.
- 2. I understand my privileges to access the system are specifically assigned for my use only and I will not share my User ID and password with anyone under any circumstances.
- 3. I understand my password is assigned by MedAllies using a random password generator software program or assigned by MedAllies staff following a "strong" password assignment system. I understand my password will be changed every ninety (90) days to ensure security of the system. I understand my password is confidential and will take all appropriate action to ensure the password remains as such (e.g. not taped to the monitor).

I understand that if I feel my password has been compromised in any way, I will immediately notify MedAllies (845-896-0191 x 3007) or the practice administrator / office manager.

- 4. I will report all security incidents to MedAllies or the practice administrator / office manager.
- 5. I understand that both MedAllies and the application vendor monitor the audit logs to ensure security of the system. The logs contain information on: each user's login (date and time), what application was accessed (e-mail, eligibility, referral, clinical information), the patient (if applicable) in which the user accessed information, how long the user accessed the information, and what action (if any) was taken on the information: information was printed and where, information was forwarded to another user (including which user), and the user's logout (date and time).
- 6. I understand I may contact MedAllies with any questions, issues, or concerns at any time as they relate to the Internet Initiative at (845) 896-0191 x3007.

User's Signature

Date

MedAllies, Inc.

Date