

Bluegrass Family Health

MyBluegrassInfo Employer Access Request Form

**Please fax to Bluegrass Family Health's Marketing Department:
Lexington (859) 335-3750 Nashville (866) 920-1077**

By signing this document, I agree to the following terms and conditions of use:

- (1) I agree that the person completing this form is the person whose signature appears below**
- (2) I understand that the information I receive through the use of the MyBluegrassInfo product is confidential and shall not be disclosed to anyone other than the authorized user as noted by the signature below
- (3) I further understand and agree to maintain the confidentiality of my account information including my password
- (4) I understand and agree that I must notify Bluegrass Family Health of any significant changes in my user status, (i.e. I leave my current employment, I change insurers, etc.), and
- (5) I understand and agree that any failure to maintain the confidentiality of my user information and/or the information made available to me through the MyBluegrassInfo product will subject me to civil and criminal liability.

Bluegrass Family Health may revoke access to this module at any time if they believe that it is being misused.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the use of the MyBluegrassInfo product and consent to the conditions herein. In addition, I agree to the instructions outlined herein, as well as any other instructions that Bluegrass Family Health may impose.

Employer Group Name:

Employee Name:

Employee Email Address:

Employee Signature:

Phone Number:

Date:

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

** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. Ky.Rev.Stat. § 304.47-020; Ind.Code § 35-43-5-3.4; Tenn.Code §§ 56-53-1-2 and 103.*

It is additionally a crime to knowingly or intentionally obtain, possess, transfer, or use the identifying information of another person with intent to harm or defraud another person or entity, including with the intent to fraudulently obtain or attempt to obtain money, credit, goods, services or medical information in the name of another person without that person's consent. Penalties include imprisonment, fines and denial of insurance benefits. Ky.Rev.Stat. § 514.160; Ind.Code 35-43-5-3.5; Tenn. Code § 39-14-150.