



MyBluegrassInfo Provider Access Request Form

Please complete and fax to Bluegrass Family Health’s Provider Services Department at (859) 335-3736. For Tennessee providers please complete and fax to (615) 872-1077.

WARNING: Please note that by granting individuals in your practice access to MyBluegrassInfo (MBI), they may be able to view information that is considered Protected Health Information (PHI) under the federal law known as HIPAA.

NOTE: MyBluegrassInfo is a service provided to participating providers only. If you are interested in participating with Bluegrass Family Health, please call our Provider Relations Department at 800-787-2680 or 859-269-4475.

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

- (1) I am duly authorized to act as a representative of this physician practice for the purposes of this Agreement
(2) I understand that the information received through the use of the MBI product is confidential and shall not be disclosed to anyone other than the authorized user
(3) I agree to maintain the confidentiality of my account information including my password
(4) I understand and agree that I 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) I understand that Users will have access to the MBI product from any internet-connected computer, regardless of location, and
(6) 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 MBI product will subject me to civil and criminal liability.

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

Additional information regarding functions available through MBI will be included in the notification of enrollment into the system, which will be mailed to the attention of the Practice Administrator 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):

Practice Administrator: _____ **Date:** _____

E-mail address: _____

Provider Name: _____ **Phone:** _____

Provider Tax ID Number: _____

I, as a duly authorized representative of this physician practice, acknowledge that I have read and fully understand this consent form. I understand the risks associated with the use of the MBI product and consent on behalf of this Practice to the conditions outlined herein. In addition, I agree to any alterations and/or modifications to these conditions that Bluegrass Family Health may impose.

Practice Administrator Signature:

Date:

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

****KRS § 516.030** states that a person is guilty of forgery in the second degree when, with intent to defraud, deceive or injure another, he falsely makes, completes or alters a written instrument. Forgery in the second degree is a Class D felony and can be punishable by fine of no less than \$1,000 and up to \$10,000 AND imprisonment up to five years.

KRS § 516.090(1)(b) states that a person is guilty of possession of a forgery device when he makes or possesses with knowledge of its character any device, apparatus, equipment or article capable of or adaptable to use in forging written instruments with intent to use it himself or aid or permit another to use it for purposes of forgery. Possession of a forgery device is a Class D felony and can be punishable by fine of no less than \$1,000 up to \$10,000 AND imprisonment up to five years.