



NEW USER REQUEST

PRINT, SIGN, & FAX to (505) 346-0278 or email healthxnet@nmhsc.com

Please contact the HealthXnet Support Desk if you have not received your login information after 3 business days of submitting this form.

NEW USER INFORMATION: The user should verify contact information and sign the User Confidentiality Agreement.	Company Name (HealthXnet Customer):		
	User's Name: (First, Middle Initial, Last)		Title:
	Facility Name:		Dept:
	Mailing Address:		
	City/State/Zip:		
	Phone:	Fax:	Email:
	<p align="center">USER CONFIDENTIALITY AGREEMENT</p> <p>The party identified above as "User" has been designated by the party identified above as "Customer" to be accorded access privileges over the Internet-deployed network system (the "System") developed and maintained by Healthcare Extranets, LLC[®] ("Company"), to facilitate the exchange of healthcare information between authorized parties. As a condition to being permitted access to the System, and as a condition to obtaining a discrete password and identification number from Company for the System, User agrees to the following terms and conditions:</p> <ol style="list-style-type: none"> User understands that if User is accorded access privileges over the System, User will have access to information, documents and records (collectively, "Medical Records") relating to the treatment of medical patients. User shall use the System solely for the purpose of obtaining access to Medical Records and other information and documents (a) to which User is legally entitled to obtain access, and (b) with respect to which User needs to obtain access in the course of User's employment. User agrees not to disclose or disseminate (either actively or by permitting disclosure or dissemination as a result of access obtained by User or through the use of User's discrete password and identification number) Medical Records or other confidential information, or the contents of any Medical Records or other confidential documents obtained through use of the System, to anyone other than (i) an employee of Customer or a provider of healthcare services to the medical patient to whom such Medical Records or other confidential information pertain, who has a need to know the contents of the Medical Records or other confidential information in the performance of his or her employment; or (ii) a member of the medical staff involved in the direct care of the medical patient to whom such Medical Records or other confidential information pertain, who has a need to know the contents of the Medical Records or other confidential information in the performance of his or her employment. To the extent that any Medical Records relate in any way to the treatment of alcohol or drug abuse, User acknowledges that (a) User is bound by regulations governing confidentiality of Alcohol and Drug Abuse Patient records, 42 C.F.R. 2.1 <u>et seq.</u> and (b) if necessary, User will resist in judicial proceedings any efforts to obtain access to the Medical Records, except as provided in the above-cited regulations. To the extent that any Medical Records relate in any way to genetic information, as defined in the Genetic Information Privacy Act, Section 24-21-1 <u>et seq.</u>, NMSA 1978, User agrees to comply in all respects with the requirements of such Act, including but not limited to the restrictions on obtaining and transmitting genetic information. To the extent that any Medical Records contain test results governed by the Human Immunodeficiency Virus Test Act, Section 24-2B-1 <u>et seq.</u>, NMSA 1978, or to other protected classes of records relating to sexually transmitted diseases, the following disclosure is made to User: "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosures of such information without the specific written consent of the person to whom such information pertains or as otherwise permitted by state law. A person who makes an unauthorized disclosure of this information is guilty of a petty misdemeanor and shall be sentenced to imprisonment in the county jail for a definite term not to exceed six months or the payment of a fine of not more than five hundred dollars (\$500), or both." User agrees to comply with all policies and procedures established by the Customer and/or Company regarding the use and access of the System. User acknowledges that Customer and/or Company shall have the right to establish policies and procedures, and to amend same from time-to-time. User agrees that Company shall have the right to introduce amended User Confidentiality Agreements in its reasonable discretion from time-to-time, and to require User to execute the amended form of User Confidentiality Agreement as a condition to User's continuing privilege to use the System. <p>X _____ Signature of User _____ Date</p>		

REQUEST AUTHORIZED BY: Authorized Requestor must be on file with HealthXnet	The undersigned must be on file with HealthXnet as authorized to request new users for this account. If the undersigned is not on file with HealthXnet, this request will not be processed.	
	Authorized Requestor Name:	
	Phone:	Email:
	<p>X _____ Signature of Authorized Requestor _____ Date</p>	
	The authorized requestor understands that the HealthXnet [®] system has been developed for the use of hospitals, health plans, physicians and other healthcare organizations and certifies that the user below is authorized to access the following HealthXnet [®] applications:	

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|---|--|--|
| <input type="checkbox"/> Eligibility Verification | <input type="checkbox"/> Claims Status Inquiry | <input type="checkbox"/> Batch Medicaid Eligibility |
| <input type="checkbox"/> Patient Financial Summary (powered by TransUnion) | <input type="checkbox"/> Electronic Claims Management | |

HealthXnet [®] use only:	UserID _____	Pwd _____
	User Notified: _____	Completed By _____