

## Mid-Atlantic States Region



# ONLINE AFFILIATE PROVIDER ENROLLMENT PACKAGE



## Kaiser Permanente (KP) Online Affiliate Provider Enrollment Instructions

Dear Provider,

Thank you for expressing interest in KP Online Affiliate, a web-based program that allows external providers read only access to KP HealthConnect, which is Kaiser Permanente's electronic medical record system.

There are three steps to Activate OLA.

#### 1. Sign and return the attached KP Online Affiliate Provider Entity Agreement

A signed Provider Entity Agreement pertaining to use of the websites and its content is required to participate. Only one (1) Provider Entity Agreement per participating provider entity (group or facility) is necessary. Please complete the information on page eight (8) and arrange for a senior executive to sign the document and return via email to <u>KP-MAS-OnlineAffiliate@kp.org</u>

#### 2. Designate an Administrator (Point of Contact) for KP Online Affiliate

The Administrator may periodically receive communications from Kaiser Permanente and will also be responsible for notifying Kaiser Permanente at <u>KP-MAS-OnlineAffiliate@kp.org</u> if any users leave your entity.

Provider Group/Entity Name:	
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#### **Group Administrator Contact Information**

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

• Address: \_\_\_\_\_

(Street Address)

(City, State, Zip)

#### 3. Individual User Enrollment

As soon as your Agreement and Administrator information are received and processed, Kaiser Permanente will send email instructions to the Administrator regarding how users will enroll using an automated online enrollment process. Each individual user will be responsible for their own enrollment. The process generally takes three to four weeks to complete.

There are two types of access available: Clinical Access and Administrative Access. Based upon whether a user has a medical clinical license or certification, Kaiser Permanente will determine the type of access granted based upon our access guidelines.

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All Member medical information shall be treated in a confidential manner, and in compliance with applicable state and federal law. Licensee understands and agrees. and shall require all End Users associated with Licensee to understand and agree, that this License Agreement and certain data which may be exchanged hereunder is subject to the Health Insurance Portability and Accountability Act of 1996, Public Law 104-91, and the Health Information Technology and Economic and Clinical Health Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009, Public Law 111-5, as each is codified in the United States Code, and regulations promulgated thereunder, as and when any of them may be amended from time to time (collectively, "HIPAA"). Irrespective of whether Licensee is a "covered entity" as defined by HIPAA, Licensee and End Users agree to comply with all provisions of HIPAA with respect to individually identifiable health information, including but not limited to the HIPAA standards for privacy, code set, data transmission and security related to the physical storage, maintenance, transmission of and disclosures of protected health information as that term is defined under HIPAA and the Privacy Rule issued by the U.S. Department of Health and Human Services (codified at 45 C.F.R. Parts 160 and 164) ("PHI"). Licensee represents that it will use and disclose PHI only as permitted by HIPAA and the Privacy Rule (including the minimum necessary rules), subject to any additional limitations on the use and disclosure of that information as imposed by this License Agreement. If Licensee sends PHI through electronic means, such electronic data transmission shall comply with the HIPAA regulations entitled "Security Standards for the Protection of Electronic Protected Health Information" codified at 45 CFR Parts 160 and 164, Subpart C. Licensee acknowledges that it may be required to maintain and distribute its Notice of Privacy Practices to, and obtain acknowledgments from Members receiving services from Licensee consistent with its practices for other patients. Licensee shall maintain a Notice of Privacy Practices as required by applicable law. Upon request, Licensee shall provide to Kaiser Permanente

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#### LICENSEE

Signature and Title (CEO, CFO, VP, Owner, Sole Proprietor, Director, other Senior Executive)

Provider's Legal Entity Name(s) and DBA(s) (if applicable)

Provider's Tax ID(s)

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