



KAISER
PERMANENTE®



ONLINE AFFILIATE ENROLLMENT AGREEMENT

Kaiser Permanente (KP) Online Affiliate Provider Enrollment Instructions

Dear Provider/Contractor:

Thank you for expressing interest in the KP Online Affiliate program (“OLA”), a web-based program which allows KP’s external providers and contractors read-only access to KP HealthConnect®, KP’s electronic medical record system.

There are three steps to Activate Online Affiliate for your organization.

1. Sign and return this enrollment agreement to KP (page 3)

A signed Enrollment Agreement pertaining to the use of the websites and content is required to participate. Only one (1) Enrollment Agreement per participating provider entity (group or facility) is necessary. Please arrange for a senior executive with the requisite authority to sign this document under the Agree to and Accepted by Provider/Contractor section.

After all fields in this document are completed, return to KP by creating an Online Affiliate Support Inquiry: “I would like to submit a completed Provider Entity Agreement.”

[Click to Submit a completed Provider Entity Agreement](#)

2. Designate an Administrator (Point of Contact) for KP Online Affiliate (page 4)

The Administrator may periodically receive communications from Kaiser Permanente and will also be responsible for notifying Kaiser Permanente if any registered staff members leave your organization. You can notify your regional representative(s) using the appropriate communication method listed in [Contact Us](#).

3. Individual User Enrollment

As soon as your Provider Entity Agreement and Group Administrator information are received and processed, Kaiser Permanente will send email instructions regarding how users will enroll using a self-service enrollment process. Each staff member will be responsible for their own enrollment.

Kaiser Permanente will determine the type of access granted based upon our approval guidelines.

Letter of Agreement

This Kaiser Permanente Online-Affiliate Enrollment Agreement provides the terms and conditions under which Kaiser Foundation Hospitals on behalf of itself and certain Kaiser Permanente entities make KP HealthConnect® available to You, the undersigned provider/contractor, and Your wholly owned Subsidiaries (collectively and individually, "You," "Your" or "Provider/Contractor"), pursuant to and subject to the terms of the Kaiser Permanente HealthConnect® Affiliate Link Access Agreement, available for review at <https://supplier.kp.org/requirements-guidelines/healthconnect/kaiser-permanente-healthconnect-access/>, which is incorporated by this reference herein, (this Kaiser Permanente Online-Affiliate Enrollment Agreement together with Kaiser Permanente HealthConnect® Affiliate Link Access Agreement, the "Agreement").

For purposes of this Agreement, "KP Region(s)" means the KP region(s) selected below and "Subsidiaries" means Provider/Contractor's wholly owned subsidiary(s) set forth on Exhibit A "Provider/Contractor Access Information" of this Agreement.

Pursuant to, and subject to, the terms of this Agreement, Kaiser Foundation Hospitals ("KFH") will provide read only access to, and Provider/Contractor shall only access, the KP HealthConnect® instance(s) of the selected KP Region(s) for the sole purpose of: i) rendering Treatment to patient(s) who is/are the subject of the information being accessed, and/or ii) accessing Licensed Materials and KP Data for Payment purposes directly related to the patient who is the subject of the information being accessed, and/or iii) if Licensee is a HIPAA covered entity, or business associate of a HIPAA covered entity, Health Care Operations solely for the benefit of such HIPAA covered entity (provided the HIPAA covered entity has or had a relationship with the patient who is the subject to the information being accessed), all as approved and agreed to in a Contract, solely for the KP Region(s) (collectively, the "Purpose"). Further, Exhibit A sets forth Provider/Contractor information that is required for You to participate in OLA.

After this Agreement is counter-signed by You, returned to and processed by KP, KP will send further email instructions to the Administrator(s) listed on Exhibit A, including an explanation of how Your authorized users will enroll in OLA using an automated online enrollment process. Each of Your authorized users of KP HealthConnect® will be responsible for their own enrollment process. KP will determine in its sole discretion for which of the Purpose(s) You have been granted access and the type of access that You will be granted based upon KP's access guidelines.

This Agreement shall become effective on the date both the following have occurred i) You agree and accept the terms of this Agreement and ii) KP approves this application to the OLA, which includes KP's acknowledgement and acceptance of this Agreement, until it is terminated in accordance with the termination provisions of the Kaiser Permanente HealthConnect® Affiliate Link Access Agreement. Any capitalized term used in this Agreement, but not defined herein, shall have the meaning ascribed to it in the referenced Kaiser Permanente HealthConnect® Affiliate Link Access Agreement.

Please acknowledge Your agreement and acceptance of this Agreement by having an authorized signatory from Your company sign where indicated below. Please return a copy of the counter-signed Agreement via electronic signature and submit it using the instructions indicated on page 1 of this document, "Sign and return this enrollment agreement to KP."

All notices to KP (except notice of security breach) and questions with respect to this Agreement shall be submitted via a Support Case using the following submission form: [Submit an Online Affiliate Support Inquiry](#)

Agree to and Accepted by Provider/Contractor:

The undersigned, an authorized signatory who has the legal authority to bind the Provider/Contractor entity and, if applicable, the Subsidiary(s) identified on Exhibit A of this Agreement, has read and agrees to all of the terms and conditions set forth in this Agreement for itself and for its Subsidiary(s) identified on Exhibit A, if any.

By typing the authorized signatory’s name in the “Authorized Signatory” field below, Licensee is signing this Agreement electronically on behalf of itself, and if applicable the Subsidiary(s). Licensee acknowledges and agrees such electronic signature is the legal equivalent of Licensee’s and authorized signatory’s manual signature on the Agreement and thus intends to, and shall be, bound by its terms and conditions.

If Licensee wishes to opt out of electronically signing the Agreement, an authorized signatory may manually sign this Agreement and return it to KFH in accordance with the directions above.

Signature: _____

Title: _____

Authorized Signatory (Must satisfy the requirements for an authorized signatory in the paragraph above)

Print Name: _____ Date: _____

KP Region(s) - Check All That Apply:

KP Northern California Region

KP Southern California Region

KP Colorado Region

KP Georgia Region

KP Mid-Atlantic Region

KP Hawaii Region

Exhibit A
Provider/Contractor Access Information

Provider's Group Legal Entity Name(s) and DBA(s); Subsidiary	(if applicable) Provider's Tax ID(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Provider/Contractor Administrator (Point of Contact) for KP Online Affiliate:

The following administrator at Your organization will serve as the point of contact for OLA for each of the KP Entity(s) checked above ("Administrator"). The Administrator may periodically receive communications from KP. Provider/Contractor represents and warrants that the Administrator will notify KP (using the appropriate communication method listed in [Contact Us](#)) if any authorized end users or participants of OLA leave the Provider/Contractor entity or otherwise are no longer an Authorized Representative as defined under the [Kaiser Permanente HealthConnect® Affiliate Link Access Agreement](#).

Administrator Contact Information (Point of Contact)

Administrator Name: _____

Email Address: _____

Address: _____

Phone Number: _____

Provider/Contractor Address for Notices: _____
