

3M Health Information Systems New User Account Request Form



Please print clearly and sign at the bottom.

Provider Name: _____

Practice Name: _____

Tax Identification Number (TIN): _____

National Provider Identifier (NPI): _____

Texas Provider Identifier (TPI): _____

User First Name: _____

User Last Name: _____

Job Title/Role: _____

User Email: _____

(Business email only – Superior HealthPlan will not grant 3M access to personal email accounts.)

Office Phone: _____

Office Address: _____

City: _____ State: _____ ZIP: _____

Product:

STAR ___ CHIP ___ STAR Health ___ STAR+PLUS ___ STAR+PLUS MMP ___

Superior HealthPlan Advantage (HMO SNP) ___ Ambetter from Superior HealthPlan ___

You are responsible for all activity occurring under your user accounts and shall abide by all applicable laws and regulations in connection with your use of the Service. You understand that the Service gives you access to Protected Health Information ("PHI") as defined in the U.S. Health Insurance Portability and Accountability Act and its implementing regulations ("HIPAA"). You are responsible for ensuring that uses and disclosures of PHI accessed through the Service comply with HIPAA and all other applicable laws and regulations. You agree to: (i) notify Treo and Superior HealthPlan immediately of any unauthorized use of any password or account or any other known or suspected breach of security or of PHI; and (ii) report to Treo and Superior HealthPlan immediately and use reasonable efforts to stop any unauthorized copying or distribution of PHI that you know of or suspect.

Signature: _____ **Date Requested:** _____