

## Authorization Form for Third-Party Access to NaviNet

CASE# \_\_\_\_\_

NaviNet is required to implement reasonable administrative and technical safeguards before it can provide a third party access to patient information held by a provider entity (covered entity).

**Type or print all needed information.**

This is to advise NaviNet that \_\_\_\_\_ (provider entity/provider office name) has approved \_\_\_\_\_ (third-party name) to have access to NaviNet to view all information needed for the research, submission, and adjustment of claims; collection and follow-up matters; determination of eligibility and benefits; as well as any other health care operations deemed necessary by the provider. This access will allow the third party to access protected health information on behalf of your provider organization with various health plans within NaviNet. This authorization form will enable the third party listed above access to all present and future health plans available to your provider organization within NaviNet.

Provider entity confirms that the third party has signed a written agreement pursuant to which it has agreed to treat any information it receives from the provider office (via NaviNet or otherwise) as confidential, and in accordance with all applicable laws and regulations. Further, in consideration of NaviNet's acceptance of the third party, the provider entity agrees that it will indemnify and hold NaviNet harmless for any and all damages, claims and expenses that NaviNet may incur or that may be asserted against NaviNet as a result of the negligent or intentional actions of the third party in carrying out its duties with the purposes noted above.

NaviNet shall be entitled to rely on this letter until revoked in writing (for example, it is the provider entity's responsibility to notify NaviNet of the termination of or a change in its relationship with the third party).

The signatures below indicate acceptance by both parties of all conditions outlined in the above paragraphs.

**Please Note: Signatures are required from a third-party employee and an employee from the provider entity/provider office. A third-party employee cannot sign on behalf of the provider entity/provider office. Electronic signatures will not be accepted.**

### To be completed by the provider office

Provider Entity/Provider Office Tax ID

Provider Entity/Provider Office Group Name

Authorized Employee (or NaviNet Security Officer) Name

Authorized Employee Telephone Number

Signature of Authorized Employee

Date

### To be completed by the third party

Authorized Employee (or NaviNet Security Officer) Name

Authorized Employee Telephone Number

Signature of Authorized Employee

Date

Please upload the signed and completed form to your NaviNet case using one of these options:

- If your office is new to NaviNet, [find your registration case here](https://register.navinet.net/csregistrationstatuscheck), and then upload the completed form. If that link doesn't work, go to <https://register.navinet.net/csregistrationstatuscheck>.
- If your office is already using NaviNet, [find your support case here](#), and then upload the completed form.

Find detailed instructions in the following topic on the NantHealth Help Center: [Upload a Third-Party Authorization form](#).