

SHARED DATA ACCESS AUTHORIZATION
BILLING COMPANY

This legal document, signed by an Authorizing Provider for the practice/group, serves as authorizing documentation to Texas Health Resources (THR) for shared access to patient information for the physician group/practice named below. The Shared Data Access Authorization agreement is a standard THR legal document and must not be altered without express permission from THR Legal.

Billing Company Name (printed) _____

Practice or Location Name _____

Office Manager or other main contact name and phone _____

Office Manager Preferred Email Address _____

Address _____

Phone Number _____

Fax Number _____

It is the responsibility of the Authorizing Provider for a physician group/ practice to authorize initial shared access for the billing company as well as update access as billing company changes occur.

The billing company must identify a primary and secondary Security Administrator whose responsibilities include approving new access, reporting terminations, auditing access, and reporting role changes to ensure appropriate access. Communications will be sent to the Security Administrator on a regular basis, and the Security Administrator must validate all users within 90 days of the notification or all users for the billing company will lose access to information and be deactivated.

Primary Security Administrator _____

Preferred Email _____

Preferred Phone Number _____

Secondary Security Administrator _____

Preferred Email _____

Preferred Phone Number _____

An authorized Shared Data Access Authorization implies that the following are true:

- 1) The billing company requires access to patient information to provide physician billing services for the physician group/practice.
- 2) The billing company access is for all physicians or allied professionals listed. If the billing company is billing for only certain physicians or specialties, an physician Authorization form is needed for each area of billing responsibility (e.g. if billing company only bills for one specialty in a multi-specialty practice).
- 3) The physician group/practice Authorizing Provider has the authority to speak on behalf of the physician group/practice regarding billing company access to shared patient information.

- 4) The physician group/practice Authorizing Provider has responsibility to inform Texas Health Resources of changes in billing company services for the physician group/practice.
- 5) Each user agrees to comply with the requirements in the applicable Computer Systems User Agreement which describes the user's obligations regarding the use and confidentiality of protected health information. To review this agreement, click on the link at the bottom of the CareGate home page.

Please list ALL individuals associated with the billing company that require online access to the shared set of patient information.

Authorized Billing Company Members				
Last Name	First Name	Middle Name	Title or Role	Preferred Email Address

Group/Practice Members that Billing Company May Access Records For				
Last Name	First Name	Middle Name	Title or Role (Physician, Allied Health Professional)	Preferred Email Address

Authorizing Provider's Name (printed) _____

Authorizing Provider's Signature _____

Date _____

Fax or email the completed Shared Data Access Authorization to:

682-236-5990

CareGateRegistrations@texashealth.org