## SHARED DATA ACCESS AUTHORIZATION PHYSICIAN GROUP/PRACTICE

This legal document, signed by an Authorization Provider for the Physician 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.

Organization 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 an physician group/practice to authorize the shared access on this form.

Each physician group/practice 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 physician practice/group on a regular basis, and the Security Administrator must validate all users within 90 days of the notification or all users for the physician practice/group will lose access to information and be deactivated.

 Primary Security Administrator \_\_\_\_\_\_

 Preferred Email \_\_\_\_\_\_

 Preferred Phone Number \_\_\_\_\_\_

 Secondary Security Administrator \_\_\_\_\_\_

 Preferred Email \_\_\_\_\_\_

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

Preferred Phone Number

- 1) all the physicians are surrogates to each other
- 2) all the staff are surrogates to each physician
- 3) all of the allied health professionals (nurse practitioners, physician assistants) are surrogates to each physician
- 4) the Authorizing Provider has the authority to speak on behalf of the physician group or practice regarding access to shared patient information
- 5) the Security Administrator has the responsibility to inform Texas Health Resources of changes in the membership of the physician group/practice

6) 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 document, click on the link at the bottom of the CareGate home page.

Please list ALL individuals (staff and physicians) in your physician group/practice
that require online access to the shared set of patient information.

Authorized Billing Company Members				
Last Name	First Name	Middle Name	MD, CNP, PA or Office Staff Title	Preferred Email Address

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Authorizing Physicians's Name (printed)

Authorizing	Physician's	Signature _
	<b>J</b>	0

Date \_\_\_\_\_

Fax or email the completed Shared Data Access Authorization to: 682-236-5990 CareGateRegistrations@texashealth.org

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