

**CAREGATE® SERVICES  
AUTHORIZED USER ACCESS AGREEMENT**

This Authorized User Access Agreement must be executed by a designated Security Administrator for each Organization seeking access to data through CareGate® Services.

Date:	Establish Access	Change Access
Organization Name:		
Organization Phone Number:		
Fax Number:		
Practice or Location Name:		
Address:		
Primary Contact Name:		
Contact Preferred Phone Number:		
Contact Preferred Email Address:		

**Security Administrators**

Each Organization must identify a primary and secondary Security Administrator whose responsibilities include approving new access, auditing access, reporting terminations, and reporting role changes to THR. THR will routinely send a current Authorized User List to the Security Administrator on a regular basis, and the Security Administrator must validate all users within 30 days of the notification or the Organizations' Authorized Users will lose access to CareGate® Services.

Designated Security Administrators will be provided access to CareGate® Services to manage quarterly user access review requirements. Security Administrators must register for access to CareGate® Services to manage user accounts. Physicians and Authorized Users with Care Connect (EpicCare) access should not be listed as a Security Administrator.

<b>Designate/Update Security Administrator</b>	
1 <sup>st</sup> Security Administrator Name:	
Preferred Phone Number:	
Preferred Email Address:	
2 <sup>nd</sup> Security Administrator Name:	
Preferred Phone Number:	
Preferred Email Address:	

The above Security Administrator designates are approved by the signatures below.

\_\_\_\_\_  
Signature of Official Group Representative with authority to designate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title



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**PROVIDER DESIGNATES**

Authorized Users belonging to an office and/or Practice Group will be linked to the providers to ensure easier access to the provider’s patients. Please list all physicians within the Office/Practice Group.

Providers					
Requesting Access? Y/N	First Name	Last Name	Middle Name	Title or Role (Physician/Allied Health Professional)	Preferred Email Address

All Authorized Users must register at [www.caregate.net](http://www.caregate.net) by selecting New User Registration. Once the CareGate® Services Data Sharing Services Agreement, Authorized User Access Agreement, and the online registrations are complete, access will be established.

**IMPORTANT:** THR reserves the right to ask for employment validation and/or Business Associate Agreements in accordance with this Agreement.

Signature of Security Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Security Administrator:  
\_\_\_\_\_