



ELECTRONIC ACCESS REQUEST FORM

Asante allows limited access to our electronic clinical records in accordance with state and federal law, including HIPAA and the HITECH Act. Please state your reason for requesting electronic access to Asante's records:

[Empty box for stating reason]

To help us determine the appropriate level of access for your organization, please complete this form and fax back to us at 541-789-5930.

Office/Organization Name: \_\_\_\_\_
Office Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Office Manager Email: \_\_\_\_\_ Asante Credentialed Provider Name (if applicable): \_\_\_\_\_

To help us evaluate your request, please check all of the following that apply:

TREATMENT:

- We have one or more Asante credentialed providers at our organization.
We admit or refer patients to/from Asante.
We order Labs and/or Diagnostic imaging from Asante.
Other (explanation required) \_\_\_\_\_

PAYMENT:

- We bill and/or provide operational support for an Asante credentialed physician/office and have a business associate agreement (BAA) in place with that office.
Other (explanation required) \_\_\_\_\_

OPERATIONS:

- We provide care coordination/case management for patients that have an Asante clinical record.
We provide quality and outcomes assessment for patients that have an Asante clinical record.
We provide peer review for shared patients that have an Asante clinical record.
Other (explanation required) \_\_\_\_\_

ADDITIONAL INFORMATION ABOUT YOUR ORGANIZATION (please check all that apply):

- We are a covered entity as defined by HIPAA.
We are a healthcare provider as defined in HIPAA.
We have a contract or BAA in place with Asante.
We have a HIPPA compliant breach notification process in place.

Will any of the information accessed be disclosed to a third party? YES NO

If yes, please explain: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Phone number of person completing this form: \_\_\_\_\_

Date: \_\_\_\_\_

FOR ASANTE USE ONLY

Table with 2 rows and 5 columns: Approve, Deny, Entity/Department, Manager/Director (print name), Signature

