

New Clearinghouse Services User Form

Organization Name:

Date:

Trading Partner Numbers that User Needs Access to:

Name (First/Last):

Email Address:

This user needs access to (check one or both as appropriate): UTRANSEND UHINT ELIGIBILITY

As a user of the clearinghouse, it is your responsibility to ensure that your password is kept confidential. **Please initial by each of the below statements and sign.**

_____ I will change my password after my first logon to UTRANSEND/UHINT. In changing the password, I understand that no one else, including UHIN staff, will be able to access my password.

_____ I will not share my password with anyone else or ask another user for their password.

_____ I will not log anyone else onto UTRANSEND/UHINT using my password.

_____ The information I have provided on this form is correct and accurate to the best of my knowledge.

Signature

Date

Authorizing Personnel Information

Business Owner/Delegate: Type or Print Name

Phone:

Email:

Signature

Date

Privacy and Security Officer: Type or Print Name

Phone:

Email:

Signature

Date