



BAPTIST HEALTH PLAN®

SECURE PORTAL EMPLOYER ACCESS REQUEST FORM

By signing this document, I agree to the following terms and conditions of use:

- 1) I agree that the person completing this form is the person whose signature appears below*
- 2) I understand that the information I receive through the use of the secure portal is confidential and shall not be disclosed to anyone other than the authorized user as noted by the signature below
- 3) I further understand and agree to maintain the confidentiality of my account information including my password
- 4) I understand and agree that I must notify Baptist Health Plan of any significant changes in my user status, (i.e. I leave my current employment, I change insurers, etc.), and
- 5) I understand and agree that any failure to maintain the confidentiality of my user information and/or the information made available to me through the secure portal will subject me to civil and criminal liability.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the use of the secure portal and consent to the conditions herein. In addition, I agree to the instructions outlined herein, as well as any other instructions that Baptist Health Plan may impose.

Employer Group Name: _____

Employee Name: _____

Employee Email Address: _____

Employee Phone Number: _____

Employee Signature: _____

Please keep a copy of this form for your own records.

Please return via fax to Sales/Marketing at 859.335.3750

* It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. Ky.Rev.Stat. § 304.47-020; Ind.Code § 35-43-5-3.4.

It is additionally a crime to knowingly or intentionally obtain, possess, transfer, or use the identifying information of another person with intent to harm or defraud another person or entity, including with the intent to fraudulently obtain or attempt to obtain money, credit, goods, services or medical information in the name of another person without that person's consent. Penalties include imprisonment, fines and denial of insurance benefits. Ky.Rev.Stat. § 514.160; Ind.Code 35-43-5-3.5.

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