DELTA DENTAL

Website Authorization Form for Risk Groups

Completing this form helps protect your data by identifying who has your permission to access your group's information. To help prevent an unauthorized disclosure, it's important to let us know as soon as possible of anyone that should no longer have access to your information. Complete this form in its entirety and email it to **mktgadmin@deltadentalva.com** or fax it to 540.774.7574.

Group account number	**Sub-account number (if restricting access)**	**Sub sub-account number (if restricting access)**

I am allowing the following people to have access to my group's data:

	Relationship to group	**Access** (Choose one)
Name ______ Title ______ Phone ______ Email ______	☐ Internal employee ☐ Broker/consultant ☐ Third-party	☐ View or ☐ Modify
Name ______ Title ______ Phone ______ Email ______	☐ Internal employee ☐ Broker/consultant ☐ Third-party	☐ View or ☐ Modify
Name ______ Title ______ Phone ______ Email ______	☐ Internal employee ☐ Broker/consultant ☐ Third-party	☐ View or ☐ Modify
Name ______ Title ______ Phone ______ Email ______	☐ Internal employee ☐ Broker/consultant ☐ Third-party	☐ View or ☐ Modify

What's the difference in access status?

View access — allows the person to view eligibility, reports and bills, check eligibility status and print ID cards but they cannot make online eligibility changes.

Modify access — allows the person to view the same items as above, but also allows them to make online eligibility changes and turn the online billing feature off/on.

As the group administrator:

1. I will notify Delta Dental of Virginia as soon as possible of anyone that should no longer have access to my group's information.
2. I understand that my group's information is private and confidential.
3. I will take reasonable safeguards to protect account information, including user names and passwords and comply with HIPAA privacy and security regulations (see http://www.hhs.gov/ocr/hipaa).
4. I will educate each person I've authorized permission for about their responsibilities to protect my group's information.
5. I understand online access can be revoked at any time and without notice.
6. I acknowledge the group shall be solely responsible for any liability arising from the use of the website account and shall indemnify, hold harmless and defend Delta Dental of Virginia against any claim arising from authorized users' use of the website account or the group's failure to safeguard account information, including, but not limited to errors and omissions and violations of state and federal privacy laws.

Signature ______ Date ______

Print name ______ Title ______

Email ______ Phone ______