



UPHP CLAIMS PORTAL AUTHORIZED USER VERIFICATION FORM

The purpose of this form is to provide Upper Peninsula Health Plan (UPHP) with information to add, change or terminate user access to the UPH Claims Portal. Once this form has been completed, sign and submit it to UPH's Help Desk securely by e-mail to helpdesk@uphp.com or by fax at 906-225-9255. If you have questions, you can also call the UPH Help Desk at (906) 225-6811. Please allow 2 business days to process the verification form once it is received by UPH. **Please contact UPH's Help Desk when an employee is terminated from your organization so we can terminate their access to the UPH Claims Portal immediately.**

ADD New User Access

CHANGE Existing User Access or Information (Fill out name and elements that need to be changed)

TERMINATE User Access – Date of Access Termination: _____

Date:	Print Name:		
Authorized User E-mail Address:			
Job Function/Title:		Practice Office/Facility Location Name:	
Group Name (if applicable):			
Business Address:		Business Phone:	
Office Manager Name:			
Office Manager E-mail Address:			

I hereby represent that all above information is true and accurate and acknowledge, by my signature below, that I understand that any patient information which I see or hear is considered private and confidential. I understand that I may use or disclose protected health information only as permitted or required by the business associate contract or as required by law. I am directly liable under the HIPAA Rules and subject to civil and, in some cases, criminal penalties for making uses and disclosures of protected health information that are not authorized by the contract or required by law. I am also directly liable and subject to civil penalties for failing to safeguard electronic protected health information in accordance with the HIPAA Security Rule.

Authorized User Signature: _____ Date: _____