

## CLI Provider Portal Electronic User Agreement

**Purpose:** To afford providers and their eligible staff the opportunity to view service authorizations and information over the Internet. Information may include, but is not be limited to, demographics, member and provider IDs, service authorizations and other provider communication from Community Link, Inc. (CLI).

I am requesting access to my provider account on the CLI Provider Portal. I agree to abide by and support the expectations listed below. I understand, in the interest of security, that CLI reserves the right to change or deny access at any time. By signing this agreement, I, as a user, release CLI from any and all liability for damages arising out of the unauthorized access to my portal account. I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site.

For your protection, accounts are disabled after six unsuccessful attempts to log in using an incorrect *password*. If your account is disabled, you will see this message: "*Your account is locked. Please contact your administrator.*"

Please contact CLI's Community Resources Department to have the account unlocked. I recognize that it may take up to 24 hours for the account access to be restored.

1. CLI is committed to maintaining the confidentiality of health records and all member information contained within the Provider Portal.
2. All records, data, or information related to individual members shall be treated as **confidential**, and shall be maintained in a manner that complies with HIPAA regulations, thereby assuring the privacy of members and staff.
3. Providers will identify and appoint an internal administrator of their portal account.
4. The administrator is responsible for managing the access of their staff to the portal. Each staff member given access will have their own unique login and password.
5. In the event a staff member is no longer employed by the provider, the administrator will deactivate their portal account immediately.
6. Your signature on this User Agreement indicates that you have carefully read and understand the significance of the terms and conditions set forth herein and will remain in effect for the duration of your contract with CLI.

Provider Portal Administrator Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Name of Company: \_\_\_\_\_