



HEALTH PLAN OF NEVADA

A UnitedHealthcare Company



SIERRA HEALTH AND LIFE

A UnitedHealthcare Company

HPN@Your Service and SHL@Your Service
Administrator Account Request Form

Please complete this form with the information for the individual your office has designated to be an Account Administrator.

- **The Account Administrator will be responsible for creating profiles, editing profiles, and password reset of the individual accounts associated with their provider TIN.**
- **The Account Administrator will be responsible for ensuring that every employee (“individual account holder”) has his/her own username and password for HPN/SHL @YourService and signs the Acknowledgement to Comply with HPN and/or SHL’s @YourService Terms of Use. The signed Acknowledgements must be retained by the Account Administrator and produced to HPN/SHL upon request.**
- **The Account Administrator will be responsible for notifying HPN/SHL Provider Services at 702-242-7088 within 24 hours of designation of a new Account Administrator, an individual account holder’s termination of employment and if termination of an individual’s account is necessary for any other reason.**

Billing offices must go through their physician office for access. NO EXCEPTIONS

Please complete and fax to (702) 242-9124 Attn: Provider Services

ALL REQUESTED INFORMATION IS REQUIRED

First & Last Name:	
Requestor DOB:	
Requestor Job Title:	
Office Name:	
Office Address:	
TIN:	
E-Mail:	
Phone Number:	
Fax Number:	

As an authorized user of the HPN/SHL @YourService application, the above named organization will be given access to private and confidential patient and health plan member data for the exclusive purpose of performing their professional responsibilities. The following rules will govern usage of the system named above at all times:

- Usernames and passwords are to be safeguarded. Disclosing the username and password information to anyone for any reason with the exception of authorized personnel of the entity providing access to the HPN/SHL @YourService application is **STRICTLY PROHIBITED**.
- The private and confidential data within the HPN/SHL @YourService application is to be safeguarded at all times. The HPN/SHL @YourService application contains information that is confidential and protected from disclosure by law (except for specific legal exception or with the individual's authorization). The Privacy Act of 1974, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Federal Privacy Rule all protect the confidentiality of all individually identifiable health information.
- Use of the HPN/SHL @YourService application is monitored and subject to audit review. Access to private and confidential data within the HPN/SHL @YourService application is to be limited to only such data as is required to carry out professional responsibilities. Improper disclosure or access to private and confidential information (obtained through the computer or otherwise) may result in immediate termination of system access privileges and possible legal action.

HPN/SHL expressly reserves the right to make any and all determinations concerning violation of the rules stated herein. Any determination made by us will be final and not subject to any formal review or appeal process.

Note: Please allow up to 10 business days for account set-up. The information will be sent to the above listed requestor(s).