



HDMG/HVVMG/SMG Eznet User Login Request

Please fax request to 661-793-7390

<i>Mandatory information: All of this section must be completed before this form is processed:</i>			
Name		Phone/Ext	
<small>First Name</small> _____	<small>Last Name</small> _____	<small>Middle Init</small> _____	_____
Provider _____		Email Address _____	
_____		Tax ID: _____	
_____		_____	

Group HDMG SMG HVVMG

*Please read the following confidentiality statement and sign below.
This form will not be processed without a signature.*

I understand that I have access to Protected Health Information (PHI) via the website for Eznet serving High Desert Medical Group (HDMG). I understand that it is my responsibility to protect my access codes and passwords from unauthorized use and that this means that I should not reveal to any unauthorized person the means of access to the High Desert Medical Group Eznet web portal. I also understand that the confidentiality of patient information may be compromised by allowing an unauthorized person the opportunity to access medical or company information, and I will protect that information by logging off of the website when leaving a workstation unattended. Further, I understand that anything done using my access is my responsibility and if I feel that my access codes or passwords have been compromised, I will immediately report this to HDMG at hdmgmis@hdmg.net and request that I be issued a new login and/or a new password.

Signature

Date

Supervisor Signature

Date

Administrative Use ONLY:

Received Date _____
 Completed Date _____
 Completed By: _____
 User ID: _____

Authorizations Yes No
 Claims Yes No
 Eligibility Yes No

Source Claims