
###### Please complete the User Information section below. Carefully read the User Confidentiality Agreement, and sign the form to confirm agreement with the terms and conditions for use of the CVS online system.

# **User Information**

|  |  |
| --- | --- |
| Facility Name: |  |
| User’s Full Name:  |  |

 *First Middle Last*

|  |  |
| --- | --- |
| Department:  |  |
| Telephone Number:  |  |
| Email Address:  |  |

# **User Confidentiality Agreement**

The party identified below as **"User"** has been designated by the party identified below as **"Customer"** to be accorded access privileges over the Internet-deployed network system (the **"System"**) developed and maintained by Hospital Services Corporation to facilitate the exchange of credentials verification information between authorized parties. As a condition to being permitted access to the System, and as a condition to obtaining a discrete password and identification number from Company for the System, User agrees to the following terms and conditions:

1. User understands that if User is accorded access privileges over the System, User will have access to information pertaining to the User’s credentialed practitioners only.

2. User agrees not to disclose or disseminate (either actively or by permitting disclosure or dissemination as a result of access obtained by User or through the use of User's discrete password and identification number) confidential information obtained through use of the System, to anyone other than those determined appropriate by the Customer.

3. User agrees to comply with all policies and procedures established by the Customer and/or Company regarding the use and access of the System. User acknowledges that Customer and/or Company shall have the right to establish policies and procedures, and to amend same from time-to-time. User agrees that Company shall have the right to introduce amended User Confidentiality Agreements in its reasonable discretion from time-to-time, and to require User to execute the amended form of User Confidentiality Agreement as a condition to User's continuing privilege to use the System.

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Date:  |  |
| User Name:  |  | Signature: |  |

**Please fax the signed, completed form to 505-343-0068, or scan the signed, completed form and e-mail the scanned copy to** **Credentialing@nmhsc.com****.**

**Accounts will be set up once a signed copy of the form has been received and your user ID and password will be e-mailed to you. Accounts are usually set up within 2 business days of receipt.**

**If you need assistance, please call 1-800-577-2121 x2006 or 505-346-0222.**

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**To be completed by representative of credentials verification services:**

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| --- | --- |
| User Identification Number: |  |
| User Password (case sensitive): |  |
| Effective Access Date: |  |