Request for eQSuite® Access

Complete this form and submit it electronically to **co.pr@eghs.org** to gain access to eQSuite® as a System Administrator. As a System Administrator you will be able to submit Prior Authorization Requests (PARs) for your group/practice as well as create and manage eQSuite® user accounts for your staff.

Group/Practice Name: _____

Group/Practice *Health First Colorado* ID: | | | | | | | | |

Type of PARs Requested: (check all that apply)

- ☐ Audiology
- ☐ Diagnostic Imaging
- ☐ Durable Medical Equipment
- ☐ Medical Services
- ☐ Molecular Testing
- ☐ Pediatric Behavioral Therapy
- ☐ Pediatric Long-Term Home Health
- ☐ Pediatric Personal Care
- ☐ Physical/Occupational Therapy
- ☐ Private Duty Nursing (PDN)
- ☐ Speech Therapy
- ☐ Synagis
- ☐ Vision

First & Last Name: _____

Email Address: _____

Phone Number: | | | | | | | | | | | **Extension:** | | | | | |

IMPORTANT INFORMATION (please read before signing)

UNAUTHORIZED ACCESS TO eQSuite® IS PROHIBITED BY LAW

By signing this form, you are attesting that you understand that accessing eQSuite® is for the sole purpose of conducting Utilization Review and that each logon will be used only by the individual to whom it assigned. Unauthorized or improper use of the eQSuite® product may result in disciplinary action, as well as civil and criminal penalties.

SAFEGUARDING AND LIMITING ACCESS TO EXCHANGED DATA

I agree to establish and implement proper safeguards against unauthorized use of eQSuite®. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with HIPAA, HITECH

Signature: _____ **Date:** _____