



OPNS Physician/Office Staff/Physician Direct Focus Log-In Application

User Full Name:	
Practice Name:	
Physician Name(s):	
User E-Mail:	
User Phone Number:	
User Position:	
Physician (only) NPI #:	
Username Requested:	

Please check one:

Physician

Office Staff **with** access to patient level data

Confidentiality Agreement

Please be aware that by signing this document you are acknowledging your commitment to ensure the protection of patient health information and to comply with the Standards of Privacy of Individually Identifiable Health Information pursuant to HIPAA and HITECH guidelines. You should also be aware that an audit trail is maintained of all User ID's accessing these patient information systems and that access is to be limited only to those with a need to know for purposes of patient care, medical record review or quality assurance. Just as a reminder, passwords are never to be shared In the event of a termination where any of the above mentioned individuals cease employment with your office, please notify **Verly Safry** at vsafry@opns.org immediately so that access to PHI is removed and the login information to your data is kept current.

(User Signature)

(Date)

Please scan/email or fax form to: 248-682-6044 Attn: Verly Safry