

**OAKLAND PHYSICIAN NETWORK SERVICES (OPNS)  
INTRANET DISCLAIMER AND CONFIDENTIALITY STATEMENT**

**Fax this form to 248.682.6044**

**1. General Disclaimer:**

All Website originated services are governed by the written agreement between OPNS and User. OPNS warrants that it will use reasonable care to perform all Website originated services. OPNS does not make any other warranties, either expressed or implied, arising out of or in connection with the services, including but not limited to the implied warranties of merchantability and fitness for a particular purpose. Some services are provided by arrangement with other vendors; as to those, OPNS makes no warranties, express or implied. User's exclusive remedy and OPNS' entire liability hereunder, if any, for any claim(s) for damages made against it, whether based in contract or negligence, shall be limited to \$250.00 with respect to which complaint is made; provided, however, that OPNS shall have no liability whatsoever to User for any claim(s) relating in any way to any lost profits or other consequential, exemplary, incidental, indirect, or special damages relating in whole or part to User's rights hereunder, even if OPNS has been advised of the possibility of such damages.

**CONFIDENTIAL INFORMATION: User acknowledges and agrees that User will comply with all Federal and State applicable laws and regulations in the use of any confidential and Protected Health Information obtained at this site.**

**2. Access:**

Where employees of User have been authorized access to the services at this site, it is the User's responsibility to supervise such access, including notifying OPNS of any change in the employment status and removing persons whom are no longer authorized to have access.

**Please Print CLEARLY!!!!**

User Signature	Printed Name
Physician Office ( <u>Business name</u> and <u>at least 1 Physician name</u> )	
Street Address, City, State, Zip	
Office phone number	Fax number
Email address (Business if available)	
Date	

**Security Question – Please choose one Question and answer**

1. Mother's Maiden Name? \_\_\_\_\_
- or-
2. Pet's Name? \_\_\_\_\_
- or-
3. Place of Birth? \_\_\_\_\_

Login _____ (Lowercase! first initial of first name and last name) (example: flast (first last))	Password _____ (a mix of 7-10 Lowercase letters and numbers) (Must contain at least one letter/number!)
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**\*\*\*\*\*All fields on this form are mandatory\*\*\*\*\***