

Access Request Form
Non-Kelsey Seybold Staff
KelseyPlanLink



*This access request could entitle an individual/entity to view Protected Health Information (PHI) and, as such, should be treated as confidential in all forms. Refusal to sign this form will deny any access to Kelsey-Seybold Clinic's systems. * A valid cell phone number is required in order to receive a text message which contains a code for two factor authentication when accessing the Kelsey PlanLink website.*

I am requesting authorization for the access and/or use of Kelsey-Seybold Clinic's systems which may contain PHI or confidential information.

Date of Request: _____

First Name of Person Needing Access: _____ Middle Initial: _____ Last Name: _____

Position/Title: _____ Office Phone #: _____ Cell Phone Number: * _____

Organization: _____ Tax ID: _____

Email: _____ Last 4 Digits of SSN:/PIN _____

Billing Service: Yes No Name of Billing Service: _____

Previous Kelsey PlanLink User: Yes No If Yes, User ID: _____

Authorized Approver at the requester's organization:

Authorized Approver: _____ Organization: _____

Title: _____ Phone Number: _____

Email: _____

Business Justification for Access - Please check requested access:

Eligibility Status

Claims Status

Referral Status

Remittance Advice Reports

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Billing Service Staff Insurance Verifier Physician Staff Other

If "Other", please specify: _____

Days and hours of Requested Access:

M-F 7 am-7pm M-Sat 7 am – 7 pm everyday 24 hours per day

If requesting 24 hours a day and user is a non-physician explain the need:

As an authorized provider/partner of KSC, you have a right to cancel or revoke this authorization at any time. If you want to cancel or revoke this authorization, the cancellation or revocation must be in writing and delivered to the Information Security Department of KSC. Any information previously accessed is bound by the terms of the Agreement (Business Associate Agreement/Clinical Information Access Agreement/Affiliation Agreement) in place prior to cancellation.

By signing this form, I agree to the terms and conditions set forth in the KSC Acceptable Use Policy SP.016.

Print Name

Signature of Individual

Date

Email completed/legible form to planlink@kelsey-seybold.com.

For multiple submissions, please email individually.