



**Acknowledgement to Comply with Health Plan of Nevada, Inc.’s (“HPN”)
and/or Sierra Health and Life Insurance Company, Inc.’s (“SHL”)
Online Provider Center Terms of Use**

- I acknowledge that I am responsible for my unique Online Provider Center User ID (“User ID”) and must not share or disclose my User ID. I acknowledge that I am responsible for my use of Online Provider Center and that I may only access Online Provider Center for job-related purposes.
- I hereby agree, as a condition of access to Online Provider Center, that I will not access my own Protected Health Information (“PHI”) or that of a family member or co-worker and will not ask a co-worker to do so either. I agree that I will not access the PHI of any individual without a job-related purpose.
- I understand that use of the HPN/SHL Online Provider Center application is monitored and subject to audit review. Access to private and confidential data within the HPN/SHL Online Provider Center application is to be limited to only such data as is required to carry out professional responsibilities. Improper disclosure or access to private and confidential information (obtained through the computer or otherwise) may result in immediate termination of system access privileges and possible legal action.
- I understand that access to Online Provider Center is a privilege, which may be revoked at any time at the sole discretion of HPN or SHL.
- I also agree to promptly report all violations or suspected violations of these Terms of Use to HPN/SHL at 702-242-7186.

I have read and agree to comply with the above.

Signature of User: _____ Date: _____

Name of User (please print): _____

Network Contract Provider: _____

Administrator Name (please print): _____

Administrator’s Signature: _____ Date: _____