



Accu-Med Services
An Omnicare Company

**THIS FORM IS NOT FOR NEW FACILITIES
TO SIGN UP FOR PRO-TRACKING CALL PAT MORAN @ 650-964-4242**

**Pro-Tracking.com
Accu-Med Services, LLC
User Access Change Authorization
FAX TO (513) 248-7144**

In accordance with Health Insurance Portability and Accountability Act (HIPAA) I hereby authorize Pro-Tracking and Accu-Med Services to perform the following:

1. Set up new user with access to Pro-Tracking for a specific facility:

Employee name: _____ Title: _____

Phone _____ **Accu-Care or Orcas User ID (if applicable)** _____

Note: Accu-Care & Orcas user ID must match to access Pro-Tracking features directly

Facility Name & Address: _____

City, State, Zip _____

E-mail address: _____

NOTE: All facility level users will have access to at least some PHI.

2. Set up Corporate/Regional user:

Employee name: _____ Title: _____

Facilities/Regions, with Cities and States: _____

Include Resident information (PHI) ___ Yes ___ No

Allow Password Change: ___ Yes ___ No

This user can authorize user access changes ___ Yes ___ No

3. Delete user:

Employee Name: _____

Facility/Region with Cities and States: _____

Person Requesting Access

Name & Title: _____

Phone: (____)____-_____

E-Mail address: _____

Facility/ Parent Company Name: _____

Facility/Parent Co. City & State: _____

Signature: _____ Date: _____

****MUST BE SIGNED BY AUTHORIZED PERSON OTHER THAN THE NEW USER****

Please list any access restrictions below:

Please fax the completed form to (513) 248-7144

For Internal Use

Support Technician: _____

Date Received: _____ Date Completed: _____