



Your Health Is Our Business

737 Bishop Street, Suite 1200
Honolulu, Hawaii 96813
Phone: (808) 591-0088
Toll-Free: (800) 621-6998

Privacy, Confidentiality and Non-Disclosure Agreement and Registration for Online Services

RE: Access to HMAA Online for Providers

By signing this registration and agreement, the person/entity named below does hereby agree to the following terms and conditions:

- To abide by the HIPAA Privacy Rules and not divulge protected health information to any unauthorized person for any reason, nor directly or indirectly use, or allow the use of, protected health information for any purpose other than that directly associated with treatment, payment, or healthcare operations related to HMAA members.
- Not to share the PASSWORD with any unauthorized user.
- Ensure that the password is changed whenever anyone in my office, practice or business is deleted as an authorized user.

I understand that agreeing to this statement does not preclude me from reporting instances of breach of confidentiality. I further understand that this service is only available to participating providers of HMAA and that my termination from the HMAA network will result in a termination of my HMAA Online password.

I certify that I have authority to act on behalf of the business or practice named below:

Business or Practice Name: _____

Taxpayer Identification Number: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Please return the completed form to:

HMAA
Attn: Provider Relations Department
737 Bishop Street, Suite 1200
Honolulu, Hawaii 96813

Or fax to: (808) 591-0463

If you have any questions, please contact our Provider Relations Department at **(808) 591-0088** or toll-free at **(800) 621-6998, ext. 304**.