

A no-cost service provided by the office of Nevada Secretary of State Barbara K. Cegavske

LivingWillLockbox.com



PLEASE TYPE

Provider Access Application/Agreement

ABOVE SPACE IS FOR OFFICE USE ONLY

Name of Organization:

Name/address of person to whom approval information should be sent:

Mailing Address City State Zip Code

Main Phone Number: Main Fax Number:
Area Code Number Area Code Number

A secure fax number is requested as back-up to receive documents if Internet connection is not functioning.

Secure Fax Number: Location of fax machine:
Area Code Number

Type of Organization Pursuant to NRS 629.031: (check one)

- Hospital
- Medical Practice
- Nursing Home
- Healthcare Provider
- Hospice
- Procurement Organization

Other (describe):

Applicable State of Nevada License # (i.e. licensing Board, not Tax ID):

Please provide an administrative contact. This person will manage your organization's access to and compliance with policies and procedures for the use of the Lockbox. Responsibilities include but are not limited to setting up/disabling user names and passwords for all personnel that will have access to the Lockbox (welcome letter with instructions will be **mailed** to this person); notification of policy and procedures changes; training personnel on use of the Lockbox.

Name of Administrative Contact:

Mailing Address City State Zip Code

Direct Phone Number: Email Address:
Area Code Number

of users: **A log of all users granted access to the lockbox by your organization must be maintained.**

How did you hear about the Living Will Lockbox?

- TV (list program)
- Print ad (list publication)
- Other (please specify)

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LivingWillLockbox.com
Protecting Your Wishes



Policy & Procedures Relating to Authorized Provider Registration and Updates:

- 1. Authorized Provider must submit Provider Access Application/Agreement for approval before being granted access to the Lockbox database.
- 2. Authorized Provider will appoint an Administrative Contact. The Administrative Contact will:
 - 1 Be an employee of the Authorized Provider
 - 1 Be the designated contact for the Living Will Lockbox Administrator
 - 1 Manage the organization's access to the Lockbox
 - 1 Ensure that the Authorized Provider remains in compliance with all policies and procedures for the use of the Lockbox
 - 1 Be responsible for setting up/disabling user names and passwords for all personnel who have access to the Living Will Lockbox within their organization
 - 1 Keep current records on who has access to the Lockbox in his/her organization
- 3. Authorized Provider is required to complete and return the annual update letter issued for the Secretary of State's Office each year within 30 days of receipt.
- 4. If there is a change in administrative contact prior to the annual update letter being sent, the Authorized Provider must notify the Secretary of State's Office immediately so that the change can be documented and log-in information deleted.
- 5. An Authorized Provider's registration with the Living Will Lockbox will remain in effect until the Lockbox receives reliable information that the organization is requesting to terminate the agreement.
- 6. The Nevada Secretary of State's Office will allow the logo of Living Will Lockbox Authorized Providers to be featured on the Living Will Lockbox Registration Agreement. Please be advised of the following:
 - 1 Information provided on the Registration Agreement is for the sole use of the Living Will Lockbox.
 - 1 No part of the Registration Agreement, including the State seal, is to be used for any other purpose than the Living Will Lockbox.
 - 1 To have your logo featured your organization must 1. Email the logo to info@livingwilllockbox.com. 2. The Living Will Lockbox staff will add the logo to the top left hand corner of the Registration Agreement. 3. You will receive and electronic version of the Agreement featuring your logo via email.
 - 1 Authorized Providers are not permitted to in any way alter the text or graphics of the Registration Agreement.
 - 1 All photocopies of Registration Agreements to be distributed to Authorized Providers' patients shall be supplied by the Authorized Provider.
- 7. All users covered under this application/agreement shall:
 - 1 Comply with all laws, regulations, policies and procedures pertaining to Lockbox access
 - 1 Access the Lockbox only for purposes related to decision making for health care treatment
 - 1 Safeguard the confidentiality of health care documents
 - 1 Protect user names and passwords
 - 1 Limit employee access and properly train employees on the use of the Lockbox
 - 1 Report unauthorized access or misuse of information
 - 1 Not sell, assign, transfer, or otherwise convey any rights or duties under this agreement

Non-emergency or routine help and questions can be addressed by sending an email message to info@livingwilllockbox.com. Business hours telephone support (Monday-Friday) is available by calling 702-486-2887 or 775-684-5708.

I certify to the accuracy of the information listed on the application and agree to the terms of the policy and procedures in this agreement.

X _____ Phone Number:
Authorizing Signature Area Code Number

Name and Title of Person Signing Document Date

**MAIL OR FAX TO: Living Will Lockbox
c/o Nevada Secretary of State Barbara K. Cegavske
555 E. Washington Avenue, Suite 5200
Las Vegas, Nevada 89101
Phone (775) 684-5708
Fax (775) 684-7177**