

# Online Account Services User ID Request Form

## QUESTIONS?

Northern California 1-800-893-2971, fax 1-858-614-3344  
Southern California 1-800-893-2971, fax 1-858-614-3345  
Outside of California 1-866-575-3562, fax 1-817-255-4428

New

Change

Date:

### Customer/Group information

Customer/Group name

Customer/Group number and region (Example: 123456 Southern California)


### Customer/Group's primary user information

The group's primary user has access to sensitive demographic information such as name, address, Social Security number, date of birth, Medicare status, and disabled status of all members on the group account.

The group's primary user provides Web access to secondary users by assigning user IDs, maintaining access levels, and removing secondary users' access to the Kaiser Permanente Web site when access is no longer necessary. The primary user ID is nontransferable. Kaiser Permanente must be notified of any changes to the primary user.

Group primary user/group administrator \_\_\_\_\_

E-mail address \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Please circle the description that best describes the primary user's role:

**Employee**

**Business Associate of  
Group Health Plan**

**Consultant**

**Broker**

**Other** \_\_\_\_\_

(please specify)

If the primary user is not an employee of the group, please complete the *Disclosure of PHI to Third Party* form.

### Customer/Group contract signer information

Signature of representative on record

Title

Name (please print)

Phone

Email address (please print)

For administrative use only

ASSIGNED USER ID:

DATE CREATED:

TEMPORARY PASSWORD:

DATE UPDATED:

[kp.org](http://kp.org)