



# HealthTrust Secure Member Portal Authorized User Access Form

Group Name: \_\_\_\_\_

Request for: \_\_\_\_\_  
First Name MI Last Name

User Phone Number: \_\_\_\_\_

User Job Title: \_\_\_\_\_

User Email Address: \_\_\_\_\_

**Action:**

Add User Effective Date: \_\_\_\_\_

Terminate User Effective Date: \_\_\_\_\_

**Role:**

Primary Benefits Administrator

Secondary Benefits Administrator

Request for: \_\_\_\_\_  
First Name MI Last Name

User Phone Number: \_\_\_\_\_

User Job Title: \_\_\_\_\_

User Email Address: \_\_\_\_\_

**Action:**

Add User Effective Date: \_\_\_\_\_

Terminate User Effective Date: \_\_\_\_\_

**Role:**

Primary Benefits Administrator

Secondary Benefits Administrator

### HealthTrust Secure Member Portal

The Secure Member Portal on the HealthTrust website is available to designated key contacts (Authorized Users) of HealthTrust Member Groups (e.g., benefits administrators, finance directors, town managers, human resources specialists, etc.). Through the Secure Member Portal, HealthTrust provides its Member Groups certain non-claims related information including enrollment, billing, and payment information relevant to the administration of the Member Group’s HealthTrust coverage. Some of this information may constitute protected health information (PHI), as defined by the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA). In order to be eligible to receive this information, each Member Group has agreed in its Membership Agreement to:

- (a) Safeguard the privacy and security of the information,
- (b) Not use or disclose the information beyond that which is necessary to administer the coverage(s),
- (c) Not use the information for employment-related actions or decisions, and
- (d) Restrict access to the information to only those individuals who require the information to administer the coverage(s).

### Designation of Authorized Users

Protecting the personal information of your covered employees, retirees, and their spouses and dependents is important to us. We know it’s important to you, too. That’s why we are asking you to use this form to add and terminate Authorized Users in your organization.

Additionally, should the status of any individual who your Member Group has identified as entitled to receive this information changes during the year, you must notify HealthTrust immediately to discontinue that person’s access. Thank you for your cooperation.

### Complete and Submit Form to HealthTrust

- Sign and date completed form.
- Return the completed form to your HealthTrust Benefits Advisor using one of the following methods:
  - By mail to: HealthTrust, PO Box 617, Concord, NH 03302-0617
  - By email to: Your assigned HealthTrust Benefits Advisor or enrolleeservices@healthtrustnh.org

**Please note – This form must be completed and signed by the individual in your organization who is designated as the CEO for HealthTrust.**

\_\_\_\_\_  
CEO Name (Print)

\_\_\_\_\_  
CEO Signature

\_\_\_\_\_  
Date