

**705 Mount Auburn Street  
Watertown, MA 02472  
Telephone (800) 208-8013**

**Portal Authorization Form**

**Broker Name:** \_\_\_\_\_ (“Broker or Broker Agency”), hereby authorizes and requests that Tufts Health Plan provide, to the individual designated below, electronic access to information pertaining to Broker and Broker’s clients (Broker Information) and allow this individual to perform certain functions pertaining on the Tufts Health Plan Web site, including but not limited to renewal processing and commission statement presentment. Pursuant to this Portal Authorization form, Tufts Health Plan will grant access to the Access Administrator designated below and to Authorized Users designated by the Access Administrator. Broker agrees to immediately notify Tufts Health Plan if the Access Administrator should no longer be an authorized user (e.g. Access Administrator has left Broker’s employment). Tufts Health Plan may provide these designated individuals with access to information relating to the Broker’s current clients and any future clients (once Broker of Record authorization and Agent Documentation has been provided by the client) as long as this Portal Authorization Form is in effect. The Access Administrator will be responsible for communicating to Tufts Health Plan the identity of all additional Authorized users whom Broker authorizes to access Broker Information and perform Web site functions on behalf of the Broker. Broker hereby grants that authority and responsibility to the Access Administrator designated below.

Broker understands that it is responsible for compliance with all applicable federal and state requirements concerning the confidentiality of health care information, and that Broker retains ultimate responsibility for the actions and use of that information by those designated pursuant to this Portal Authorization Form. Broker agrees to take certain precautions, comply with certain practices, implement certain procedures and enter into any other agreements or documents required by HIPAA and other applicable law for the purposes of guarding data integrity and safeguarding the confidentiality of health care information. Broker understands that Tufts Health Plan will require that any person Broker designates as an Access Administrator or Authorized User must accept certain Terms or Use agreeing to comply with, among other things, HIPAA and other requirements concerning the confidentiality and security of private health care information. Broker further understands that it is Broker’s responsibility to inform Tufts Health Plan of any changes to Access Administrator designation below. And that Tufts Health Plan or Broker can terminate this Portal Authorization Form at any time upon prior written notice.

Broker acknowledges that it has received the Tufts Health Plan Policies and Standards. Broker understands that it is responsible for compliance with the terms set forth in the Policies and Standards document provided to Broker. Broker understands that the terms set forth in the Policies and Standards apply to this electronic access to the same extent they applied previously.

The date of signature will be deemed the effective date of this Portal Authorization Form unless otherwise stated.

**Portal Authorization Form signature requirements:**

For the purposes of Web site registration and signature requirements for this Portal Authorization Form, the individual signing this document must be an individual empowered by that entity to bind the entity in this legal agreement (e.g.: CEO, CFO, General Counsel, President, Vice President, Partner, Treasurer).

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|---|----------------|----------------------|-------|
| I certify that I am an authorized representative empowered Broker in this legal document. I have read, understand, and agree to the terms of this Portal Authorized Form: |                | Access Administrator |       |
| _____   | _____          | _____                | _____ |
| Print Name  | Date           | Print Name           | Date  |
| _____   | _____          | _____                | _____ |
| Signature   | Date           | Print Title          | Date  |
| _____   | _____          | _____                | _____ |
| Name of Broker  | E-Mail Address | Print Name           | Name  |