



**ACCEPTANCE OF ARIZONA PRIORITY CARE’S AZ Connect DATA ACCESS TERMS & CONDITIONS**

I understand and accept that being granted access to Arizona Priority Care’s on-line application, named AZ Connect involves my assuming considerable responsibility for maintaining the integrity and security of Arizona Priority Care’s data. I am responsible for the privacy and confidentiality of any Arizona Priority Care’s data to which I have access. I also understand and agree that my signature below constitutes my authorization for Arizona Priority Care to discontinue all faxed Prior Authorization notifications and agree to access these notifications via the AZ Connect system. This authorization shall remain in effect until revoked or cancelled by me in writing.

***My signature affixed below certifies that I have read and agree to the terms and conditions stated in the above paragraph and will comply with all requirements as directed by Arizona Priority Care.***

<b>Group/Vendor Name and Tax ID (Required):</b>	
<b>Requestor Name (Please Print)</b>	<b>Date of Request:</b>
<b>Manager/Physician Signature (Required):</b>	<b>Date:</b>

*NOTICE: This communication is intended for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, or the employee or the agent responsible for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, email or facsimile and disregard this form.*