



**Request for User Termination of  
AZPC Online Systems**  
*AZ Connect, EZ-Net, and q.HMO*

Arizona Priority Care upholds the importance of maintaining the integrity and security of our data. And although the online portals we provide our offices are very valuable tools, there is also a considerable amount of responsibility and monitoring we need to implement to ensure the data is safe.

We recognize that change is constant and employment termination, title changes, responsibility changes, etc. happen every day. To ensure the privacy and confidentiality of the data on these portals are secure, we ask that you please use this form to request AZPC to remove users currently accessing information for your provider office that **should NO longer be able to access it.** *Users will be removed within 48 hours of notice.*

**Directions:** To request termination for users in AZPC's AZ Connect, EZ-Net, and/or q.HMO systems, please complete this form and return it to AZPC's Provider Relations Department via fax at 480-403-8209 or email at [providerrelations@azprioritycare.com](mailto:providerrelations@azprioritycare.com).

**INCOMPLETE FORMS WILL BE RETURNED PRIOR TO PROCESSING**  
*Please **PRINT** clearly and completely.*

<b>Group/Vendor Name:</b>		<b>TIN (Required):</b>	
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<b>User's First Name:</b>	<b>User's Last Name:</b>	<b>Effective Date of Termination/Change:</b>
<b>System(s) To Remove User Access From (Please check off all that apply):</b>		
<b>AZ CONNECT</b> <input type="checkbox"/>	<b>EZ-NET</b> <input type="checkbox"/>	<b>q.HMO</b> <input type="checkbox"/>

<b>Requestor's First Name:</b>	<b>Requestor's Last Name:</b>	<b>Phone Number:</b>
<b>Title:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Manager/Physician of Group 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.

<b>Internal Use Only:</b>			
<b>PR Rep:</b>	<b>Coordinator/Staff Name:</b>	<b>Date:</b>	
<b>Systems User Was Removed/Disabled From:</b> AZ Connect <input type="checkbox"/>   EZ-Net <input type="checkbox"/>   q.HMO <input type="checkbox"/>	<b>Added/Noted on Tracker:</b> <input type="checkbox"/>	<b>Date:</b>	<b>Initials:</b>