



## Group Reporting User Access Request Form

<b>Company Name</b>				<b>Group Number (if applicable)</b>			
<p>As an authorized representative of your company, you hereby approve the specified security access to your Capital BlueCross (CBC) plan data through the Theon Care Engager® application and/or the Employer Reporting Hub for the individuals listed below. Access to Theon® provides users visibility to health plan data for your members at a level of security that is appropriate for your group type (ASO, Fully Insured). Since Theon can provide visibility to Protected Health Information (PHI), it is your responsibility to ensure the list of authorized users remains current, and in the event of a role change or termination of employment from your company, you must promptly notify your Capital BlueCross Account Executive or Producer Relations of any user no longer requiring access. User access roles will be assigned in accordance with already established agreements between Capital BlueCross and your company and the information you specify below.</p>							
Name of Individual	Individual's Email Address	CBC Business Account User ID	Request Type	PHI Data	Justification for Changes <small>*If "Modify User" is selected, provide a description and justification of the change.</small>	Effective Date	Grant Access To*
			<input type="checkbox"/> New User <input type="checkbox"/> Modify User <input type="checkbox"/> Remove User	<input type="checkbox"/> Mask <input type="checkbox"/> Unmask			<input type="checkbox"/> CE <input type="checkbox"/> HUB
			<input type="checkbox"/> New User <input type="checkbox"/> Modify User <input type="checkbox"/> Remove User	<input type="checkbox"/> Mask <input type="checkbox"/> Unmask			<input type="checkbox"/> CE <input type="checkbox"/> HUB
			<input type="checkbox"/> New User <input type="checkbox"/> Modify User <input type="checkbox"/> Remove User	<input type="checkbox"/> Mask <input type="checkbox"/> Unmask			<input type="checkbox"/> CE <input type="checkbox"/> HUB
			<input type="checkbox"/> New User <input type="checkbox"/> Modify User <input type="checkbox"/> Remove User	<input type="checkbox"/> Mask <input type="checkbox"/> Unmask			<input type="checkbox"/> CE <input type="checkbox"/> HUB
			<input type="checkbox"/> New User <input type="checkbox"/> Modify User <input type="checkbox"/> Remove User	<input type="checkbox"/> Mask <input type="checkbox"/> Unmask			<input type="checkbox"/> CE <input type="checkbox"/> HUB
<b>Name and Title of Authorized Representative (Please Type or Print)</b>			<b>Signature of Authorized Representative</b>			<b>Date</b>	

**Return a signed and scanned PDF copy of this form to your Capital BlueCross Account Executive or Producer Relations.**

\*CE = Theon Care Engager; HUB = Employer Reporting Hub

Theon® is a registered trademark of Geneia® LLC. On behalf of Capital BlueCross, Geneia LLC provides health data informatics and analytical support and services. Geneia LLC is an independent company.

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