



CUSTOMER ACCOUNT SERVICES
USER ID REQUEST FORM

For more information – California (800) 893-2971

Outside California (866) 575-3562

New Administrator

Change Administrator

COMPANY BUSINESS INFORMATION

Company Name:

Customer ID

State / Region

Customer ID

State / Region

COMPANY PRIMARY ADMINISTRATOR INFORMATION

The Primary User ID is non-transferable. Kaiser Permanente must be notified of any changes to the primary user.

Last Name, First Name, MI:

Company Role:

Address:

City, State, Zip:

Email:

Telephone:

Ext:

If Third Party, Third Party Company Name:

Please enter any 4 letter pin as your authentication code, and **keep this code in your records for future reference.** (If your password needs to be reset this code will help us authenticate the request.)

COMPANY AUTHORIZED CONTRACT SIGNER INFORMATION

Kaiser Foundation Health Plan, Inc (KFHP) may provide Personal Health Information (PHI) only to those third parties who are identified by a group as its business associates. KFHP must receive written assurance from the group that a business associate agreement exists between the group and the third party and that the business associate agreement permits the business associate to receive requested PHI information from KFHP. By signing below, the group agrees that a business associate agreement exists, KFHP may disclose to the third party PHI as necessary to provide services for or on behalf of the group and the group will immediately inform KFHP when the business associate has been terminated.

Signature: _____

Title:

Name:

Telephone:

Date:

PLEASE SEND ALL COMPLETED FORMS

Mail: 3840 Murphy Canyon Rd
San Diego, CA 92123

Email: CSC-SD-CAS-Web-Support@kp.org

Fax: 858-614-3345