



Nebraska Women’s and Men’s Health Programs
Med-It Profiles Annual Update Form
 Please print clearly

Name _____
 Title _____
 Business Name _____
 Work Phone (____) _____
 Fax number (____) _____
 Business E-Mail address _____
 Business Street address _____
 Business P.O. Box _____
 Business City _____ Business State _____
 Business Zip _____ - _____
 Counties Served: _____

- I would like additional Med-It training.
- I understand that user profiles are not to be shared with other people. I understand and agree that if my clinic has a new user to add I will contact Nebraska Women’s and Men’s Health Programs at 1-800-532-2227.
- I will notify Nebraska Women’s and Men’s Health Programs if I will no longer be needing Med-It access. Failure to do so will result in removal as a Med-It user.
- I acknowledge that unauthorized use, dissemination or distribution of client’s Protected Health Information and confidential information is a crime. I agree that I will not use, disseminate or otherwise distribute confidential records of documents containing Protected Health Information either on paper or by electronic means other than in performance of the specific job roles I am authorized to perform. I agree that unauthorized use, dissemination or distribution of confidential information is grounds for immediate termination of my Med-It user profile and may subject me to penalties both civil and criminal.

Signature _____ Date _____

Internal Use Only

User Role

- Staff
- State Pap Provider
- Community Health Hub
- Provider
- Coalition
- Volunteer
- Case Manager

Training

- Staff recommends additional Med-It training.