



Nebraska Women’s and Men’s Health Programs

MedIt Profiles New User 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 _____ - _____

Case Managers Only: Counties Served _____

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 doing data entry. Failure to do so will result in removal as a MedIt user.

I understand I am required to attend MedIt training.

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 MedIt 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