DELEGATE AGREEMENT

PROVIDER PORTAL DELEGATE/SITE ADMINISTRATOR GUIDELINES AND CONSENT

As a designated delegate/site administrator for Lumicera Health Services, LLC's ("Lumicera") provider portal (the "Provider Portal"), I, the undersigned, will adhere to and abide by the following safeguards:

1. Maintain a Designated User Record

I will maintain a current record of the individuals at my delegated site(s) to whom Lumicera and I have given authority (A "Designated User") to view Protected Information (defined below) within the Provider Portal (A "Designated User"). The records will include the Designated Users name, login ID, and access levels. I will make the record available upon request to the appropriate Lumicera representative, for purposes of monitoring and auditing information. I will grant access to the Provider Portal and the Protected Information contained therein only to employees of the organization that operates the designated site(s), on a need-to-know basis provided such employees are subject to written obligations or are otherwise bound by obligations of confidentiality and non-use respecting the Provider Portal and Protected Information that are at least as restrictive as those set forth herein, and will not create accounts for individuals associated with third parties or contracted billing services, or for the purposes of artificial intelligence, auto-scripting or any other non-human access to or interaction with the Provider Portal, unless authorized by Lumicera in a separate written agreement.

All accounts I create for employees of my organization will contain unique, identifiable information specific to the employee, such as first and last names, logins, email and phone. I will only create accounts for employees of my organization. I will not log in under any of the accounts I create for others.

"Protected Information" is defined as information that identifies, or could be used to identify, an individual member or patient and is transmitted or maintained in any form or medium. Protected Information includes any information, oral or recorded, relating to the health of an individual, the health care provided to an individual or payment for health care provided to an individual. Protected Information also includes demographic information, such as name, address, date of birth, and phone number.

"Third Party Vendor" means any individual or entity that is providing services for the designated Delegate/Site Administrator or acting on the designated Delegate/Site Administrator's behalf, with a need to access the Provider Portal.

Lumicera is not liable for any breach or unauthorized access of your password management vault by a Third Party Vendor, any other third party or any unauthorized use of information stored in your password management vault by a third party.

2. Audit

I will monitor and report any unauthorized activity by a Designated User. Unauthorized activity includes, but is not limited to:

- Accessing Protected Information that is not required to treat a particular patient or to receive payment for services for a particular patient;
- Using or sharing protected Usernames and/or passwords with other individuals, including, but not limited to sharing Usernames and/or passwords with individuals within the same site or organization;
- Creating shared accounts or assigning one account to multiple users;
- Sharing Protected Information obtained from the Provider Portal for purposes unrelated to care of the individual or payment for their services;
- Accessing Protected Information beyond the Designated User's approved authorization levels.

If unauthorized use or access of the Provider Portal or Protected Information is found, I will revoke Provider Portal privileges for the Designated User within twenty-four (24) hours and report any such misconduct to the appropriate Lumicera personnel within twenty-four (24) hours.

3. Termination of Change of Position Procedures

If I change positions or if I am terminated, I will report my change in status to the appropriate Lumicera representative within two (2) business days of such event. If a Designated User leaves his or her position, for any reason, I will promptly cancel the Designated Users access to the Provider Portal and ensure they do not have access once they no longer hold their position.

4. Breach of Privacy

I will report any and all breaches of privacy or breaches of the above guidelines to the appropriate Lumicera representative within two (2) business days of occurrence. I understand and agree that my (1) failure to report or (2) participation in any unauthorized activity will result in immediate termination of my responsibilities and privileges, and the possible revocation of my site's Provider Portal privileges. If my site is using the Provider Portal to electronically receive remittance advice or other electronic transactions mandated by law, then the suspension or cancellation of my site's Provider Portal privileges may be deemed a failure of provider to accept such mandated transactions but shall not be deemed a failure of Lumicera to transmit the transactions. I understand and agree that I have the option of contracting with a Lumicera-approved clearinghouse as an alternate means of receiving these transactions from Lumicera.

5. Other Duties

I understand and agree that I am bound by the terms and conditions of Lumicera's Confidential Data and Authorized Use Agreement in addition to the terms and conditions of the above Delegate/Site Administrator Guidelines.

I have read and understand the responsibilities required of me as a Delegate/Site Administrator. By accepting this online Delegate/Site Administrator Guidelines and Consent, I agree to abide by the Delegate/Site Administrator Guidelines and assume responsibility for the Delegate/Site Administrator position.

IN WITNESS WHEREOF, and intending to be legally bound, the undersigned has executed this Agreement by providing their information and signature below.

Delegate Name:
Delegate Email Address:
Physician Name:
Physician NPI:
Physician Signature: