



Protecting Your Wishes

A no-cost service provided by the office of
Nevada Secretary of State
Francisco V. Aguilar



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Authorized Entity Access Agreement

This form is used by a hospital or medical provider to apply for access to the Advance Directive Registry of the Nevada Lockbox.

PLEASE TYPE OR PRINT CLEARLY USING INK

Name of Organization: Name/address of person to whom approval information should be sent:

Name

Mailing Address	City	State	Zip Code

Main Phone Number:

Area Code

Number

Main Fax Number:

Area Code

Number

A secure fax number is requested as back-up to receive documents if Internet connection is not functioning.

Secure Fax Number:

Area Code

Number

Location of fax machine:

Type of Organization Pursuant to NRS 629.031: (check one) Click this to RESET **Organization** check boxes

☐

Hospital

☐

Medical Practice

☐

Assisted Living

☐

Nursing Home

☐

Healthcare Provider

☐

Hospice

Nevada Board of Medical Examiners License #: Nevada State Business License #:

Please provide an administrative contact. This person will manage your organization's access to and compliance with policies and procedures for the use of the Lockbox. Responsibilities include but are not limited to setting up/disabling user names and passwords for all personnel that will have access to the Lockbox (welcome letter with instructions will be **mailed** to this person); notification of policy and procedures changes; training personnel on use of the Lockbox.

Name of Administrative Contact:

Mailing Address	City	State	Zip Code

Direct Phone Number:

Area Code

Number

Email Address: # of users:

A log of all users granted access to the lockbox by your organization must be maintained.

Policies & Procedures Relating to Authorized Entity Registration and Updates:

1. Authorized Entity must submit **Authorized Entity Access Agreement** for approval before being granted access to the Lockbox database.
2. Authorized Entity will appoint an Administrative Contact. The Administrative Contact will:
 - Be an employee of the Authorized Entity
 - Be the designated contact for the Nevada Lockbox Administrator
 - Manage the organization's access to the Advance Directive Registry.
 - Ensure that the Authorized Entity remains in compliance with all policies and procedures for the use of the Lockbox
 - Be responsible for setting up/disabling user names and passwords for all personnel who have access to the Advance Directive Registry within their organization
 - Keep current records on who has access to the Registry in his/her organization
3. Authorized Entity is required to complete and return the annual update letter issued for the Secretary of State's Office each year within 30 days of receipt.
4. If there is a change in administrative contact prior to the annual update letter being sent, the Authorized Entity must notify the Secretary of State's Office immediately by submitting an Administrative Contact Designation Form so that the change can be documented and log-in information deleted.
5. An Authorized Entity's registration with the Nevada Lockbox will remain in effect until the Lockbox receives reliable information that the organization is requesting to terminate the agreement.
6. All users covered under this application/agreement shall:
 - Comply with all laws, regulations, policies and procedures pertaining to Advance Directive Registry access
 - Access the Registry only for purposes related to decision making for health care treatment
 - Safeguard the confidentiality of health care documents
 - Protect user names and passwords
 - Limit employee access and properly train employees on the use of the Registry
 - Report unauthorized access or misuse of information
 - Not sell, assign, transfer, or otherwise convey any rights or duties under this agreement

Non-emergency or routine help and questions can be addressed by sending an email message to Lockbox@sos.nv.gov
Business hours telephone support (Monday-Friday) is available by calling 702-486-2887 or 775-684-5708, option 8.

I certify to the accuracy of the information listed on the application and agree to the terms of the policy and procedures in this agreement.

X Authorizing Signature	Phone Number: Area Code Number
Name and Title of Person Signing Document	Date

**MAIL
OR
EMAIL**

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