



Provider Request for Dentytics™ Access

I request access to my Delta Dental of Colorado Dentytics Preventive Care Metric Tool. Login instructions will be sent to my email address.

(A) Provider Information

Name: _____ Provider office address: _____

License Number: _____

Phone Number: _____ City: _____

Email Address: _____ State: _____ Zip: _____

(B) Dentytics User Agreement

This End User Agreement ("Agreement"), is effective upon signing this Agreement and is entered into by and between the provider _____ ("Provider") and Delta Dental of Colorado.

- Term.** This Agreement shall remain in effect for the duration of this Agreement and shall apply to all of the Services delivered by Delta Dental of Colorado as part of its Dentytics platform.
- Permissible Uses and Limitations.** Provider agrees to limit use of the Dentytics program to current patients of Provider for purposes authorized by HIPAA, limited to treatment and healthcare operations, such as quality improvement activities. Provider will not use the Dentytics program for any impermissible use and will not attempt to identify other dentists that have treated the patient. Provider agrees not to disclose any patient Personal Health Information ("PHI") made available through the Dentytics program to anyone outside of its dental practice or to individuals within the dental practice that do not have the need for the information for purposes of treatment or healthcare operations.
- HIPAA Assurances.** Provider affirms that it is a Health Care Provider as that term is defined in the HIPAA Privacy Standards (45 CFR §§ 160 and 164) and that Provider has transmitted Protected Health Information to Delta Dental of Colorado. Provider, as a Covered Entity, has policies in place to comply with the HIPAA Privacy Rule and is entitled to receive PHI from Delta Dental of Colorado. Provider hereby agrees that Provider will strictly adhere to all applicable HIPAA provisions. Provider shall have no right to assign his or her right to access the Dentytics system, and shall indemnify DDCO for any damages caused by the unauthorized access of the Dentytics system allowed or facilitated by Provider.
- Termination.** If you do not submit a dental claim to Delta Dental of Colorado for three consecutive calendar months, your use of the Delta Dental of Colorado Dentytics program will be terminated and your account disabled.
- Copyright Notice.** This copy of the Delta Dental of Colorado Dentytics program ("Software") is licensed and not sold. This Software is protected by copyrights laws and treaties, as well as laws and treaties related to other forms of intellectual property. The Licensee's ("you" or "your") license to use the Software is subject to these rights and to all the terms and conditions of this Agreement.

Acceptance: You accept and agree to be bound by the terms of this Agreement by signing this agreement and using the Software.

Provider	Delta Dental of Colorado
Signature: _____	Signature: _____
Name (Print): _____	Name (Print): _____
Title: _____	Title: _____
Date: _____	Date: _____

(C) Submit your Request for Access to Dentytics and the User Agreement to:

Mail: Delta Dental of Colorado
 Attn: Provider Records
 PO Box 5468
 Denver, CO 80217-5468

Email: profservices677@ddpco.com
 Fax: 303-741-2230, Attn: Provider Records