

Rio Grande Urology & Rio Grande Cancer Specialists Imaging Center

Provider Portal Access Request Form

This form must be completed in order to request secure access to the Provider Portal. Access will be granted only after review and approval by Rio Grande Urology (RGU) and Rio Grande Cancer Specialists (RGCS) Imaging Center administration. All information is required.

Provider Information

Provider Full Name: _____
NPI Number: _____
Provider Email Address: _____

Office Contact Information

Primary Office Contact Name: _____
Office Contact Phone Number: _____
Office Contact Email Address: _____

Acknowledgement & Agreement

By submitting this form, the provider and/or office representative acknowledges and agrees to the following:

1. Access to the Provider Portal is granted solely for the purpose of facilitating patient care, scheduling, and exchange of clinical information.
2. The provider and their staff agree to comply with all applicable privacy and security regulations, including HIPAA.
3. The provider and their staff agree not to share login credentials and understand that unauthorized access or disclosure of PHI may result in termination of access and legal consequences.
4. Any changes to the provider's practice information must be promptly reported to Rio Grande Urology and Rio Grande Cancer Specialists Imaging Center.

Authorization

Provider Signature: _____ Date: _____
Office Contact Signature: _____ Date: _____

Internal Use Only

Reviewed By: _____ Date of Approval: _____
Portal Access Granted By: _____

Please send completed form to: bnabhan@riograndeurology.com or secure fax to 915-242-1109