



304 Summit St • Asheville, NC 28803 • Phone (828) 274-6989 • Fax (828) 274-1825

Request for an Account- Project Access® Verify Enrollment Portal

Please complete the following form and return to Project Access®
Fax to 274-1825 or Scan & E-mail to projectaccess@mywcms.org

You will be notified via e-mail when your account has been created.

Please Print Clearly

First Name: _____ Last Name: _____

Practice: _____ Phone: _____ Ext: _____

Position: _____

E-mail: _____ (must be an e-mail address through your Practice)

Terms of Service

Use of the Project Access® Verify Enrollment Portal functions:

- Individuals must be at least eighteen (18) years old in order to use these functions.

Proper Use:

- All information you provide us must be true and accurate.
- Patient information found on this website should only be used for accessing information on Project Access® patients seen in your practice.
- Searchable information and forms should not be disseminated outside of your practice.
- I agree to abide by HIPAA's Privacy and Security rules when accessing and using protected health information.

Member Account, Password and Security

- You are responsible for maintaining the confidentiality of the password and account and are fully responsible for all activities that occur under your password or account.
- You agree to:
 - notify Project Access® (274-6989) of any unauthorized use of your password or account or any other breach of security,
 - notify Project Access® if you leave or change your position within the practice, and
 - ensure that you exit from your account at the end of each session.

I agree to the above terms of Service:

Signature

Date

** All practices must have a signed Business Associate Agreement on file with Project Access® before any employee can gain access to the Verify Enrollment Portal*