

ASC Agent Authorization Form

I, _____ (print name), acknowledge that I am the active Security Administrator on the QualityNet Secure Portal for:

ASC NAME: _____ (please print)

NPI: _____ CCN _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

List is attached (include same information for each ASC as above)

In this role, I am responsible for:

1. Authorizing an ASC agent for the above ASC or the attached list of ASCs to submit data to CMS on behalf of the ASC(s) listed.
2. Notifying HSAG immediately if the ASC de-authorizes an agent by completing an ASC Agent Change/Withdraw Form.
3. Notifying the Agent, HSAG, and CMS in the event my role as the ASC's Security Administrator is no longer valid and identifying my successor.

Additional Point of Contact:

First and Last Name: _____

Phone Number: _____ Email: _____

By signing this form, I authorize _____ (print agent name and agent identification number) to collect and submit data to CMS for participation in the ASCQR Program on behalf of the ASC(s) listed as of _____ (month/day/year).

Security Administrator Signature: _____

Print Name: _____

Phone Number: _____ Email: _____

**A copy of the Security Administrator's government-issued ID
(such as Driver's License or Passport) must be attached.**

Note: After submission of the ASC Agent Authorization Form, the designees will receive a confirmation email or call that the process is initiated. If you do not receive a receipt of delivery from HSAG by email or phone within 72 hours, call HSAG at 866.800.8756.