



# RightTrack™ User Privileges Form – Facility Administrators

**Facility:** \_\_\_\_\_

## Adding Privileges

Recognizing that RightTrack™ information is HIPAA protected, I, \_\_\_\_\_, am giving permission for (NAME) \_\_\_\_\_ (TITLE) \_\_\_\_\_ to have access to Functional Pathways of Tennessee, LLC's ("Functional Pathways") RightTrack™ portal, with the understanding that when they are no longer at this facility, I will notify RightTrack™ support at [support@fprehab.com](mailto:support@fprehab.com) to have their access removed immediately.

**Email Address for Listed Above:** \_\_\_\_\_

**Area Director of Operations Name** \_\_\_\_\_

**Area Director of Operations Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Revoking Privileges

Recognizing that RightTrack™ information is HIPAA protected I, \_\_\_\_\_, am revoking permission for (NAME) \_\_\_\_\_ (TITLE) \_\_\_\_\_ to have access removed from Functional Pathways' RightTrack™ portal.

**Area Director of Operations Name** \_\_\_\_\_

**Area Director of Operations Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_