



RightTrack™ User Privileges Form – Facility Users and Physicians

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 to have their access removed immediately.

Email Address for Employee Listed Above: _____

Administrator Name _____ **Administrator Signature** _____

Date: _____ **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.

Administrator Name _____ **Administrator Signature** _____

Date: _____ **Date:** _____

