



# PRACTICE MATE™ USER AGREEMENT

Thank you for your interest in Practice Mate™, Office Ally's online practice management program. We have attempted to produce a product that we feel will have broad application. Practice Mate™ is a web-based program. This provides the unique advantage of being able to use your business information from any place that provides access to a computer (assuming it meets system requirements) and broadband internet connectivity. Because this is an on-line program, you will not have our software on your local computer, and any business data entered into our program will be stored on our off-site servers. We refer you to Office Ally's website for information on HIPAA compliance, private health information, and website security.

Redundant equipment with firewalls, load balancing, and failover are used to ensure continuous operation of our website. Database and file backup ensure quick retrieval of data in the case of unforeseen circumstances. Our goal is to have our website available to our users at all times. However, periodic maintenance requires that our website be down for limited periods of time. We are also unable to control circumstances which might interrupt service, such as natural disasters, or local events that might impact our users' ability to access the internet. As a result, there might be periods of time during which you may not have access to your business data.

## PRACTICE MATE SYSTEM REQUIREMENTS

### Windows: OS (PC):

- Windows 7, or above

### MAC OS

- MAC OS 10.11, or above
- iPad

### Internet Browser

- Internet Explorer version 11 or above, with a 128-bit encryption
- Safari version 11.1.2 or above, with 128-bit A
- Chrome version 58+ or above, with a 128-bit encryption

### Internet Connection:

- High-Speed internet connection via DSL, cable modem, or T1 line.
- Bandwidth to support the number of users in your office accessing the internet simultaneously.

We look forward to working with you and appreciate your input as well as suggestions for enhancements that we might incorporate in future releases. By signing below I agree to submit all claims electronically through Office Ally for carriers that are on our payer list.

***I HAVE READ AND UNDERSTAND THIS AGREEMENT AND WISH TO BE A PRACTICE MATE USER. I AM AUTHORIZED TO SIGN THIS AGREEMENT ON BEHALF OF MY BUSINESS. PRACTICE MATE AGREEMENT FORM IS ONLY REQUIRED IF YOU ARE USING THE OFFICE ALLY PRACTICE MATE SYSTEM.***

\_\_\_\_\_  
Name (President/CEO/Owner of Entity who owns the Office Ally Account)

\_\_\_\_\_  
Signature (President/CEO/Owner of Entity who owns the Office Ally Account)

\_\_\_\_\_  
Title (President/CEO/Owner of Entity who owns the Office Ally Account)

\_\_\_\_\_  
Practice/Facility Name

\_\_\_\_\_  
Contact Name / Phone Number

\_\_\_\_\_  
Office Ally Representative

\_\_\_\_\_  
Username (If you are a current Office Ally user)\*

\_\_\_\_\_  
Date

**Please email this completed User Agreement to [EnrollmentAdmin@OfficeAlly.com](mailto:EnrollmentAdmin@OfficeAlly.com) or fax to (360) 314-2184. For questions call (360) 975-7000 opt. 3.**

\*If you are not a current Office Ally user you must complete the enrollment process. OA 2018-08-07