



Connect Registration and Consent Form

Thank you for choosing to enroll online through Palco's online portal, which gives you access to your information on demand. To gain access, please complete the box at the top of this form, review each item, and sign where highlighted at the bottom of the page. As soon as your Online Registration Consent is processed, you will receive an email that contains login credentials. Follow the instructions in that email to access your online account. You can find a user manual for Connect online at www.palcofirst.com

REQUIRED INFORMATION	
Full Name:	Palco ID:
Email:	Program:
 I have provided an email address that belongs to me and is not shared by anyone else. I understand that Palco will communicate with me through the email address used to create my login credentials and that Palco is not responsible for lost emails. I understand it is my responsible to notify Palco of any changes to my email address. 	
 I attest that my electronic signature is the legal equivalent of a manual signature and may be placed on forms in the Palco portal. I consent to my signature being placed on the U.S.C.I.S. Form I-9, which is required of all employees in the United States. 	
electronically to the email address I p Personal Health Information, as defin	notifications, and other correspondence rovided. Such correspondence may contain ed at 45CFR 160.103, and other personally ks associated with the transmission of such
I will abide by the portal's Terms and to	Conditions and Palco's privacy practices.
I understand it is my responsibility to not	otify Palco of any changes to my information.
By signing below, I understand that I will be provided with login credentials via email, and consent to use the online portal in the manner prescribed.	

Please return this form to Palco via email: <u>enrollment@palcofirst.com</u> or via fax to 1.877.859.8757.

Date

Signature