



[www.foresightmentalhealth.com](http://www.foresightmentalhealth.com)

Provider Name: \_\_\_\_\_ CAQH ID: \_\_\_\_\_

---

I authorize Foresight Mental Health's Credentialing Department to manage my CAQH account on my behalf, including but not limited to profile data updates, document uploads, re-attestations, and authorization settings. I will update [creds@foresightmentalhealth.com](mailto:creds@foresightmentalhealth.com) immediately if I make any changes to my login information, and Foresight Mental Health agrees to never change my login credentials to the CAQH site, so that I may log in anytime as myself to check or validate the information being provided.

CAQH Username: \_\_\_\_\_

CAQH Password: \_\_\_\_\_

I understand that I am responsible for proactively reporting any changes to my information, including my disclosure question responses and explanations as applicable, to [creds@foresightmentalhealth.com](mailto:creds@foresightmentalhealth.com) so that they may update my CAQH profile as needed or required.

I also understand that I will be asked to periodically review my entire CAQH profile, including my disclosure question responses, for accuracy and completeness. I am responsible for notifying [creds@foresightmentalhealth.com](mailto:creds@foresightmentalhealth.com) of any necessary corrections and affirm that re-attestations completed by them on my behalf are done so with my knowledge and approval.

I have the right to revoke this authorization at any time, for any reason, by providing email notification to [creds@foresightmentalhealth.com](mailto:creds@foresightmentalhealth.com).

---

I do not authorize Foresight Mental Health's Credentialing Department to manage my CAQH account on my behalf. I will be wholly responsible for making all updates in CAQH (including but not limited to practice address changes) and re-attesting at least every 120 days.

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date