



Important information about this form:

- All fields at the top of this form are **MANDATORY** and must be clearly printed
- Illegible forms will **not** be accepted
- Return completed/signed form to useraccess@nevadahealthsolutions.org

Individual User Access Agreement

(Submit a separate form for each person requesting access)

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|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| User First Name: | User Last Name: | User Title: |
| Name of Organization or Contractor (company): | User Business Direct Phone: | User Business Email Address: |
| User's Manager Name and Title: | User's Manager Business Direct Phone: | User's Manager Business Email Address: |
| Access to these systems that contain PHI or PII (list all that apply) Connect - NHS Provider Portal | Date of Request: | Expected Date of Termination of Access (if left blank, access will terminate automatically after 90 days of non-use): |
| Access request to Contracted Plans (Please CIRCLE which apply) on Portal, Connect: Culinary - Anthem - BCBS - Beech St | | |

Nevada Health Solutions, LLC ("NHS") is committed to protecting the privacy and security of confidential Protected Health Information ("PHI") and other Personally Identifiable Information ("PII").

I, the above-referenced user, hereby acknowledge that I will be granted access to PHI and PII maintained in NHS's electronic system(s) listed above ("System"). The System stores PHI and PII of NHS participants. By signing this Individual User Access Agreement ("Agreement"), I acknowledge that I understand and agree to the following responsibilities regarding my access and the protection of PHI and PII:

1. I will receive a unique User ID via email. Upon logging in for the first time and at least every 90 days thereafter, I will change the password to one known only by me. I understand that my password must be at least 8 characters long and include, at a minimum, 3 of the following 4 requirements to be valid: a capital letter, a lowercase letter, a number, or a symbol.
2. I will safeguard and not disclose to anyone my User ID or password. I accept responsibility for all activities performed under my User ID. I will not use anyone else's User ID or password to access the System. ***I understand that I must log into the System at least once every 30 days to avoid being locked out of my account.***
3. I will protect the privacy, confidentiality, and security of the PHI and PII I use, access, and/or disclose from the System in compliance with all applicable state and federal privacy and security laws and regulations. I will not store, dispose of or transmit PHI or PII in a manner that is not secure or encrypted.
4. I will only access and use PHI and PII when it is reasonably necessary for me to perform my required job duties. I will not disclose or otherwise provide access to PHI or PII to any person who does not have a business need to receive it. I will not attempt to gain access to information that I am not authorized to see, including, but not limited to, the PHI or PII of my family members or friends, unless directly related to my job duties.
5. I acknowledge NHS owns all rights, interest and title in and to the System and the data contained therein, and I agree that I will not misuse the System.
6. I understand that NHS may monitor and/or audit my activities in and access to the System at any time and for any reason, and I agree to cooperate with all audits.
7. If my employment or engagement with NHS terminates for any reason or if I no longer need access to the System, I will immediately contact NHS to deactivate my access. Upon my termination, I will make no further attempt to access any information in the System.
8. I acknowledge that my failure to comply with this Agreement may result in termination of my access to the System and other sanctions (up to and including termination of my employment or engagement with NHS). I also acknowledge that I may be personally subject to civil or criminal penalties under federal/state law and that NHS expressly reserves the right to seek injunctive relief against me and monetary damages from me arising from my breach of this Agreement.
9. Immediately upon discovery, I will report to NHS' HIPAA Privacy Officer at HIPAA@uhh.org, any known or suspected inappropriate access, use or disclosure of PHI or PII that I observe or of which I am aware, including if my User ID or password has been compromised.

By signing this document, I acknowledge that I have read and understand this Agreement and agree to comply with the above terms. I further agree that by utilizing the System, I am responsible for notifying my patients of any approvals.

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| Electronic or Wet Signature of User: | Date: |
| Electronic or Wet Signature of Authorizing Manager/Provider: | Date: |