

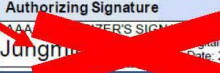


Sample Access Request Form - Page 1

Required Information:

- **Your name**
- **Phone number**
- **Email address**

 AAA DSHS / HCA Systems Access Request			
<p>An Area Agency on Aging (AAA) may request access to various systems, including PRISM and ProviderOne, for its employees or contractors (AAA Users) under its Data Share Agreements (DSA) with DSHS and HCA. This Access Request Form must be signed by the AAA Users manager (AAA Authorizer) and sent to the ALTSA SUA Coordinator at: hcsaaarequest@dshs.wa.gov. The AAA must also notify the DSHS ALTSA SUA Coordinator using this Access Request Form within five (5) business days whenever an employee (AAA User) with access rights leaves employment or has a change of duties such that the employee no longer requires access. If the removal of access is emergent, please include that information with the request.</p> <p>AAA Subcontractors If access is being requested by an AAA subcontractor, the subcontractor must send its completed form to the AAA, who will then send it to the ALTSA SUA Coordinator at hcsaaarequest@dshs.wa.gov. The ALTSA SUA Coordinator will accept Access Request forms only from the AAA, not the subcontractor.</p> <p>The AAA subcontractor must also use this Access Request Form to provide notice to the AAA within five (5) business days whenever a subcontractor employee (AAA User) with access rights leaves employment or has a change of duties such that the employee no longer requires access. If the removal of access is emergent, please include that information with the request.</p> <p>DSHS and HCA will grant / remove the appropriate access permissions to the AAA User.</p>			
REQUEST TYPE <input checked="" type="checkbox"/> New user access <input type="checkbox"/> Update user access <input type="checkbox"/> Remove user access <input type="checkbox"/> Change user name	REQUESTING ORGANIZATION AND MAILING ADDRESS City of Seattle, Aging and Disability Services PO BOX 34215 Seattle, WA 98124-4215	DATE RECEIVED USER CARE ID 	
SYSTEMS ACCESS REQUESTED THROUGH ALTSA <input type="checkbox"/> ACES Online <input type="checkbox"/> PRISM** <input type="checkbox"/> Client Registry*** <input type="checkbox"/> VPN*** <input type="checkbox"/> ProviderOne View Only <input type="checkbox"/> IPOne Select One	SYSTEMS ACCESS REQUIRING DSHS ACTIVE DIRECTORY <input type="checkbox"/> Outlook Web Access <input type="checkbox"/> ALTSA Data Mart - CARE <input type="checkbox"/> Skype for Business <input type="checkbox"/> ALTSA Data Mart - P1 / AFRS <input type="checkbox"/> WaCareRpt Database		
SYSTEMS ACCESS REQUEST SET UP AT AAA LEVEL <input type="checkbox"/> CARE Production + Practice <input type="checkbox"/> ADSA Reporting <input type="checkbox"/> Barcode (DMS) <input type="checkbox"/> QA Monitor <input type="checkbox"/> CARE Web Production + Practice <input checked="" type="checkbox"/> CLC / GetCare <input type="checkbox"/> BCS - Background Check <input type="checkbox"/> ACD - Contract Database			
AAA User Information			
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH****
Testing	Test		
ID NUMBER*	PHONE NUMBER (AREA CODE)	INDIVIDUAL EMAIL ADDRESS**	
N/A	206-507-9981	testing.test@Seattle.gov	
TITLE		PRIOR NAME (CHANGE NAME REQUEST)	
Trainer			
AAA OFFICE		ACCESS JUSTIFICATION	
Aging & Disability Services, Seattle King County		Need to complete job duties	
<p>* Required: The ID Number is assigned by the AAA Authorizer. ** No generic email addresses (e.g. Hotmail, Gmail, Yahoo, etc.) *** Please include required spreadsheets / forms (see instructions) in addition to the 17-226. **** DATE OF BIRTH is only required when selecting ProviderOne or IPOne - for all other applications it should be blank.</p>			
Protected Data Access Authorization The HIPAA Security rule states that every employee that needs access to electronic Protected Health Information (ePHI) receives authorization from an appropriate authority and that the need for this access based on job function or responsibility is documented. I, the undersigned AAA Authorizer, verify that the individual for whom this access is being requested (AAA User) has a business need to access this data, has completed the required HIPAA training and the annual IT Security training and has signed the required AAA User Agreement on System Usage and Non-Disclosure of Confidential Information included with this Access Request. This AAA User's access to this information is appropriate under the HIPAA Information Access Management standard. In addition, this employee has been instructed on 42 Code of Federal Regulations (CFR) Part 2 that governs the use of alcohol and drug abuse information and is aware that this type of data must be used only in accordance with these regulations. I have also ensured that the necessary steps have been taken to validate the AAA User's identity before approving access to confidential and protected information.			
Authorizing Signature			
AAA AUTHORIZER'S SIGNATURE 	DATE 2021.07.26 13:57:34 -0700	PRINTED NAME Jungmin Lee	EMAIL ADDRESS Jungmin.Lee@seattle.gov

Do not sign here.

Sample Access Request Form - Page 2

Required information

- **Your signature** – at the end of the page

AAA User Agreement on System Usage and Non-disclosure of Confidential Information		
Your AAA has entered into Data Share Agreement(s) with the state of Washington Department of Social and Health Services (DSHS) and Health Care Authority (HCA) that will allow you access to data and records that are deemed Confidential Information as defined below. Prior to accessing this Confidential Information you must sign this AAA User Agreement System Usage and Non-Disclosure of Confidential Information (Agreement).		
Confidential Information		
"Confidential Information" means information that is exempt from disclosure to the public or other unauthorized persons under Chapter 42.56 RCW or other federal or state laws. Confidential Information includes, but is not limited to, Protected Health Information and Personal Information.		
"Protected Health Information" means information that relates to: the provision of health care to an individual; the past, present, or future physical or mental health or condition of an individual; or the past, present or future payment for provision of health care to an individual and includes demographic information that identifies the individual or can be used to identify the individual.		
"Personal Information" means information identifiable to any person, including, but not limited to, information that relates to a person's name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver license numbers, credit card numbers, any other identifying numbers, and any financial identifiers.		
Regulatory Requirements and Penalties		
State laws (including, but not limited to, RCW 74.04.060, RCW 74.34.095, and RCW 70.02.020) and federal regulations (including, but not limited to, HIPAA Privacy and Security Rules, 45 CFR Part 160 and Part 164; Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2; and Safeguarding Information on Applicants and Beneficiaries, 42 CFR Part 431, Subpart F) prohibit unauthorized access, use, or disclosure of Confidential Information. Violation of these laws may result in criminal or civil penalties or fines.		
AAA User Assurance of Confidentiality		
In consideration for DSHS and HCA granting me access to the PRISM, ProviderOne, or other systems and the Confidential Information in those systems, I agree that I:		
1) Will access, use, and disclose Confidential Information only in accordance with the terms of this Agreement and consistent with applicable statutes, regulations, and policies.		
2) Have an authorized business requirement to access and use DSHS or HCA systems and view DSHS or HCA Confidential Information.		
3) Will not use or disclose any Confidential Information gained by reason of this Agreement for any commercial or personal purpose, research or any other purpose that is not directly connected with client care coordination and quality improvement.		
4) Will not use my access to look up or view information about family members, friends, the relatives or friends of other employees, or any persons who are not directly related to my assigned job duties.		
5) Will not discuss Confidential Information in public spaces in a manner in which unauthorized individuals could overhear and will not discuss Confidential Information with unauthorized individuals, including spouses, domestic partners, family members, or friends.		
6) Will protect all Confidential Information against unauthorized use, access, disclosure, or loss by employing reasonable security measures, including physically securing any computers, documents, or other media containing Confidential Information and viewing Confidential Information only on secure workstations in non-public areas.		
7) Will not make copies of Confidential Information, or print system screens unless necessary to perform my assigned job duties and will not transfer any Confidential Information to a portable electronic device or medium, or remove Confidential Information on a portable device or medium from facility premises, unless the information is encrypted and I have obtained prior permission from my supervisor.		
8) Will access, use or disclose only the "minimum necessary" Confidential Information required to perform my assigned job duties.		
9) Will protect my DSHS and HCA systems User ID and password and not share them with anyone or allow others to use any DSHS or HCA system logged in as me.		
10) Will not distribute, transfer, or otherwise share any DSHS software with anyone.		
11) Will forward any requests that I may receive to disclose Confidential Information to my supervisor for resolution and will immediately inform my supervisor of any actual or potential security breaches involving Confidential Information, or of any access to or use of Confidential Information by unauthorized users.		
12) Understand at any time, DSHS or HCA may audit, investigate, monitor, access, and disclose information about my use of the systems and that my intentional or unintentional violation of the terms of this Agreement may result in revocation of privileges to access the systems, disciplinary actions against me, or possible civil or criminal penalties or fines.		
13) Understand that my assurance of confidentiality and these requirements will continue and do not cease at the time I terminate my relationship with my employer.		
Signature		
AAA USER'S SIGNATURE	DATE	AAA USER'S PRINTED NAME
Test Testing	Digitally signed by Test Testing Date: 2021.07.26 13:57:02 -07'00'	Test Testing