



OneCare Systems User Agreement

Users shall read and complete this user agreement in its entirety prior to being granted access to OneCare Systems.

Please check each of the terms of use below:

- I understand that I have a legal and ethical obligation to not disclose and to safeguard protected health information (PHI) that is created, received, maintained, and transmitted in OneCare Systems per the Health Insurance Portability and Accountability Act of 1996 (HIPAA), amendments set forth in the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH), the implementing Privacy and Security Laws, and other relevant regulations promulgated thereafter.
- I understand that I may not use or further disclose PHI other than the minimum necessary for the treatment or service of an individual whom I or my employer has an established treatment relationship.
- I understand that certain limited use and disclosures of PHI are permitted for continuity of health care operations, including, but not limited to the treatment and coordination of care of an individual, case management, quality assurance and improvement measures, and population health assessments that fall within my job responsibilities and those of the entity that will receive the limited PHI.
- I understand that I shall not access my own PHI or that of my family, friends, co-workers or anyone else unless the access, use and disclosure of that individual's PHI is necessary to fulfill my job responsibilities.
- I understand I am prohibited from the download or reproduction of PHI from OneCare Systems into any technology platforms that do not comply with HIPAA.
- I understand that my username and password shall be used only by myself to access OneCare Systems and I shall not share, or otherwise disclose my username or password to anyone else including co-workers.
- I understand that if I become aware of or have reason to believe there has been an impermissible use or disclosure of PHI in or connected to the use of OneCare Systems that I have a duty to report such breach to the OneCare Compliance and Privacy Officer.
- I understand that my access to the OneCare Systems will be monitored and shall cooperate with any audit of user access by OneCare, including the inspection of employer issued and personal computer or devices use to access OneCare Systems.
- I understand that if I violate this agreement, my access to the OneCare Systems will be terminated.

By signing this user agreement, you acknowledge that you have read, understand, and agree to comply with the terms of use as outlined above.

User's Signature: _____ **Date:** _____

User Name (printed): _____



OneCare System Access Request – FILLABLE FORM

Instructions:

- Please complete one form **electronically (this is a fillable form)** per individual requesting access and include the required electronic signature by your Technical Contact. And complete the appropriate sections referenced below.
- Return completed forms to: Email: helpdesk@onecarevt.org
- If you have any questions please call the Helpdesk at 802-847-7220 Option 2 or 1-877-644-7176, Option 2

System Requesting Access To	Complete	Signature Required By
Care Navigator Access	A, B, E	User & Technical Contact
OneCare Vermont Secure Portal Access	A, C, E	User & Technical Contact
Workbench One	A, D, E	User & Technical Contact

A. Demographic/Organization Information:

First Name: _____ Last Name: _____ MI: _____
 Employer/ Legal Business Name (LBN): _____ TIN: _____
 Name of Practice(s)/Site you work at: _____

Type of Organization **please check applicable organization**

<input type="checkbox"/> Area Agency on Aging	<input type="checkbox"/> Home Health/Hospice Agency	<input type="checkbox"/> Insurer	<input type="checkbox"/> Primary care practice
<input type="checkbox"/> Children's Integrated Services	<input type="checkbox"/> Hospital	<input type="checkbox"/> Long term care facility/SNF	<input type="checkbox"/> SASH
<input type="checkbox"/> Designated Mental Health Agency	<input type="checkbox"/> Intensive Outpatient Treatment	<input type="checkbox"/> Parent Child Center	<input type="checkbox"/> Specialty Practice
<input type="checkbox"/> Federally Qualified Health Center	<input type="checkbox"/> Inpatient/Residential Treatment	<input type="checkbox"/> Pediatric Primary Care	<input type="checkbox"/>

Job Title: _____ Credentials/Licensure (i.e. RN, LADC, MSW): _____
 Work Phone Number: _____ Work Email: _____
 Last 4 digits of Users Social Security Number (**For Workbench One Access only**): _____
 Date of birth: (**For Workbench One Access Only**): _____

B. Care Navigator User Role -- Please indicate level of access requested: Please only check one box.

<u>Please Check Selection</u>	<u>User Role</u>	<u>User Description</u>
<input type="checkbox"/>	Level II	Able to view/edit information for all patients attributed to a business unit (aka: office practice, organizational unit such as a hospital); ability to assign patients to specific care coordinators, can provide care coordination support for individual patients.
<input type="checkbox"/>	OneCare Access	This Access will be determined by OneCare. Note this level of access will require additional information to identify business need. Able to view/edit information for all patients attributed to the ACO and assign patients to specific care coordinators.



C. Secure Portal Access -- Please indicate level of access requested

- Document Manager with PHI Access**-Permission includes document uploading and downloading as well as the ability to view documents within the business unit and any public documents. User access will include documents that contain PHI within the assigned business unit.
- Financial Information Access**-Permission includes accessing and downloading documents containing financial information.

D. Workbench One Self Service Analytics Tools--Please indicate level of access requested: * Data will be displayed only for those patients who have received services by your organization.

Please indicate reason for access request:

- Review Cost/Utilization
- Review Care Coordination Metrics
- Identify QI Initiatives/Outcomes

<input type="checkbox"/> Quality Measures & Annual Wellness Visit – Monitors quality measure performance Requires attribution by your organization	<input type="checkbox"/> Care Coordination Process Metrics Tracks- care management activity including care team detail and encounters Requires attribution by your organization
<input type="checkbox"/> PMPM Analyzer – PMPM and Utilization claims data and drill down to identify opportunities. Monitors monthly attribution changes and conditions Requires attribution by your organization	<input type="checkbox"/> COVID-19 Care Coordination Prioritization - helps identify patients at high risk during COVID-19 Requires attribution by your organization
<input type="checkbox"/> Attribution 2020- view attribution lists and trends Requires attribution by your organization	

E. Required Signatures:

Confidentiality Notice: As the individual user’s Technical Contact for the organization above, I affirm that the individual requesting access to OneCare Systems is currently employed by the above referenced Organization and requires access to the PHI in the applicable system and should be granted access as an eligible user. Further, I will notify OneCare in a timely manner if at any time this employee no longer requires access to Care Navigator™ system to conduct the responsibilities of the assigned job and/or leaves the organization.

Technical Contact Signature: _____
Signature Date

Technical Contact Name (printed): _____

For OneCare Use Only: Care Navigator OneCare Level of Access Approval:

Authorized Signature: _____ **Date:** _____