



OneCare Systems User Agreement

User 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 do not use the Care Navigator System for more than 90 days my access will be deactivated and I may be required to retake the Care Navigator New User Training.

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

- Please complete form **electronically** and return via email to helpdesk@onecarevt.org

A. Demographic/Organization Information:

First Name: _____ Last Name: _____ TIN: _____
 Job Title: _____ Employer/Legal Business Name: _____
 Name of Practice(s)/Site you work at: _____ Credentials(i.e. RN, LADC): _____
 Work Phone: _____ Work Email: _____

Type of Organization:

Area Agency on Aging	Home Health/Hospice	Outpatient Treatment	Primary Care
Children’s Integrated Services	Hospital	Long term care/SNF	SASH
Designated Mental Health Agency	Inpatient Treatment	Patient Child Center	Specialty Practice
FQHC	Insurer	Pediatric Primary Care	

B. Care Navigator Access—Indicate if you require access to Care Navigator:

Yes **No**

C. Secure Portal Access—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 that may contain PHI

Financial Information Access—Permission includes accessing financial documents

D. WorkbenchOne Self Service Analytics Tools--Please indicate level of access requested: * Data will be displayed only for patients who have received services by your organization. **All applications require attribution to gain access.**

Last 4 digits of Social Security Number: _____ Date of birth: _____

Application Name	Application Description
Quality Measures & Annual Wellness Visit	Monitors quality measure performance
PMPM Analyzer	PMPM & Utilization claims data. Monitors monthly attribution changes and conditions
Attribution 2020	Attribution lists and trends
Care Coordination Process Metrics	Tracks care management activity, including care team detail/encounters
COVID-19 Care Coordination Prioritization	Identifies patients at high risk during COVID-19
Performance Dashboard Companion	Monitor trends for utilization and spend, and allows for performance benchmarking

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. I will notify OneCare in a timely manner if this employee no longer requires access to Care Navigator™ system to conduct the responsibilities of the assigned job and/or leaves the organization.

Technical Signature: _____

Technical Name (printed): _____

OneCare Use Only: <u>CN Access Level:</u> <u>OneCare Employee:</u>
