CHIA INTERFACE USER AGREEMENT
Hospital/Facility File Submissions

As an employee of _____
(If more than one hospital is applicable, please attach and submit a list of all hospitals affiliated with this agreement)

OR as an employee of a contractor of _____
(Please attach and submit a list of all hospitals affiliated with this agreement)

I will be allowed to access CHIA-INET/CHIA Submissions, the data reporting system provided to

_____ by the Center for Health Information and Analysis

subject to the following terms and conditions:

- I will not disclose my CHIA-INET/CHIA Submissions user ID and password to any other person.

- I will not attempt to access or look at CHIA-INET/CHIA Submissions data other than what is required to perform my job.

- I will use any data I receive from CHIA-INET/CHIA Submissions only as permitted and only in furtherance of my job.

- I will not share any data I receive from CHIA-INET/CHIA Submissions with others unless doing so is necessary to do my job (pertains to patient level confidential data only).

- I will discuss data I receive from CHIA-INET/CHIA Submissions with others only as required to perform my job and will conduct such conversations only in secure areas where I am unlikely to be overheard (pertains to patient level confidential data only).

- I will not disclose any data that I receive from CHIA-INET/CHIA Submissions to any third party unless I have specific written permission from my supervisor or the legal order of a court (pertains to patient level confidential data only).

- I hereby acknowledge I have read the above terms and conditions and agree to be bound thereby as a condition of access to and use of CHIA-INET/CHIA Submissions.

REQUIRED INFORMATION – please print and no abbreviations

☐ Mr. ☐ Ms.
☐ Mrs. ☐ Dr. Name: _____
(Please provide middle name initial)

Job Title: _____

Company Name and Department: _____

Work Mailing Address: _____

_____

E-mail Address: _____
(Required to send User ID and Password information)

Work Telephone: _____

Work Fax: _____

User Signature: _____ Date: _____

* CHIA Submissions is the newer portal. Both systems are in use.

USER WEB SECURITY ITEMS – required

City or Town of Birth: _____

Security Questions - please select a Security Question below:

☐ Favorite Singer   ☐ Favorite Pet's Name   ☐ Father's Middle Name

☐ Favorite Vacation Location   ☐ Favorite Teacher's Name   ☐ First Child's Middle Name

☐ Favorite Sports Team   ☐ Anniversary Date   ☐ Make, Model, and Year of First Car

☐ Favorite Hobby

Answer: _____

Security questions are used by the Help Desk staff to ensure they are speaking with the correct person.

When an User calls for assistance and requires using confidential information or sensitive issues, the Help Desk will use security questions as a means to confirm the identity of the caller.

Check the type of access for this User Agreement

User Profile (check one)	Functions
☐ Data Reporter's Administrator	The person responsible for CHIA-INET and CHIA Submissions Administration (creates and maintains web user accounts online and via paper forms). Also has the ability to: submit information, download, edit, view and print reports.
☐ Data Reporter's Individual User	Ability to: submit information, download, edit, view and print reports.

Hospital Submissions - Only check the submissions that User will submit or have access to under this Agreement

CHIA Submissions

☐ Annual Hospital Cost Report

☐ Top Ten Highest Compensated Employees

☐ Behavioral Health Inpatient Data (Case Mix)

☐ Electronic Health Record Data (EHRD)

☐ Hospital Health System (HHS)   Specify Name: (Includes hospital health system, hospital, and physician organization data) _____

_____

CHIA INET

☐ Hospital Inpatient Data (Case Mix)

☐ Outpatient Observation Data (Case Mix)

☐ Emergency Department Data (Case Mix)

Date: _____

Version/Code: _____