

# CHIA INET USER AGREEMENT

## Other Provider

As an employee of \_\_\_\_\_  
(if more than one entity is applicable please attach and submit a list of all entities with this Agreement)

OR as an employee of a contractor of \_\_\_\_\_  
(if more than one entity is applicable please attach and submit a list of all entities with this Agreement)

I will be allowed to access CHIA-INET, the data reporting system provided to \_\_\_\_\_  
by the Center for Health Information and Analysis.

- I promise that I will not disclose my CHIA-INET user ID and password to any other person.
- I promise that I will not attempt to access or look at CHIA-INET data other than what is required to perform my job.
- I promise that I will use any data I receive from CHIA-INET only as permitted and only in furtherance of my job.
- I promise that I will not share any data I receive from CHIA-INET with others unless doing so is necessary to do my job (pertains to patient level confidential data only).
- I promise that I will discuss data I receive from CHIA-INET 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 promise I will not disclose any data that I receive from CHIA-INET 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 understand that the Center for Health Information and Analysis retains ownership of all data that resides in CHIA-INET.
- 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.

### 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: \_\_\_\_\_

## ORGANIZATION(S) PROVIDER TYPE

Please specify your organization(s) provider type:

(if more than one entity is applicable please attach and submit a list of all entities with this Agreement)

## USER'S INET WEB SECURITY ITEMS – required

City or Town of Birth: \_\_\_\_\_

Pass Phrases: (please select a Pass Phrase below):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Favorite Singer            | <input type="checkbox"/> Favorite Pet's Name     | <input type="checkbox"/> Father's Middle Name               |
| <input type="checkbox"/> Favorite Vacation Location | <input type="checkbox"/> Favorite Teacher's Name | <input type="checkbox"/> First Child's Middle Name          |
| <input type="checkbox"/> Favorite Sports Team       | <input type="checkbox"/> Anniversary Date        | <input type="checkbox"/> Make, Model, and Year of First Car |
| <input type="checkbox"/> Favorite Hobby             |  |   |

Pass Phrase Answer: \_\_\_\_\_

Pass phrases are used by the Help Desk staff to ensure they are speaking with the correct person.

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

Check the type of access for this User Agreement

User Profile (check one)	Functions
<input type="checkbox"/> Data Reporter's INET Administrator	The person responsible for CHIA-INET 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.
<input type="checkbox"/> Data Reporter's Individual INET User	Ability to: submit information, download, edit, view and print reports.

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

- Adult Day Health (ADH) Cost Report Submission
- Adult Foster Care (AFC) Cost Report Submission
- Ambulance Cost Report Submission
- Day Habilitation Program Supplemental Survey
- Student Health Insurance Plan (SHP) Information
- Patient Centered Medical Health Initiative (PCMHI) Efficiency and Cost Reports
- Health Safety Net (HSN) PCMHI Patient Reports
- Health Safety Net (HSN) PCMHI Payment Remittance