

Western Highlands Network

Care Coordination Information System (CCIS) - User ID Assignment Request

Part I: This part must be completed by the applicant requesting the Western Highlands User ID for access to the Care Coordination Information Systems (CCIS). Please fill out this form completely, have your supervisor sign it and return the form to:

Western Highlands
356 Biltmore Ave, Asheville, NC 28801
Attn: Information Systems Department
Fax: (828)258-1225

Company Information

Company Name: _____
Address: _____
Phone: _____
WH assigned Provider ID: _____

Billing Agent (if different)

Company Name: _____
Address: _____
Phone: _____
Email: _____

Applicant Information (please print or type)

Last Name: _____
First Name: _____
Middle Initial: _____
Phone: _____
Fax: _____
Email: _____
Role: Clinical Admin/Support Staff other-please specify _____ Title: _____

ASSURANCE OF CONFIDENTIALITY/PRIVACY

Western Highlands acknowledges that provider staff is employed in a sensitive position and needs access to information which is confidential by law, regulation or policy. Provider staff acknowledges that releases of confidential information to unauthorized persons may result in criminal prosecution of provider staff.

Provider staff hereby requests Western Highlands to acquire a computer User ID for the provider staff in order to obtain confidential information related to provider staff's official duties. Provider staff understands that the computer User ID assigned is for use in connection with his official nature of any information obtained. Specifically, provider staff agrees:

1. Not to permit the use of computer User ID by any person other than himself/herself.
2. Not to place his computer User ID/password in written form in any place accessible to the public.
3. To comply with regulations contained in North Carolina Administrative Code, Subchapter 24-B, Confidentiality and Access to Client Record.

Signature of Applicant: _____ Date: ___/___/___

Signature of Supervisor: _____ Date: ___/___/___

Printed Name of Supervisor: _____ Phone # of supervisor: _____

* Supervisors should notify Western Highlands when employee leaves so that the account can be terminated.

Part II: For Western Highlands Information Systems use only

User ID assigned: _____ Type of Login:
Temporary password: _____ _____ CCIS/DDE Only
Notes: _____ Provider Shares Only
_____ Both CCIS/DDE & Provider Shares

Call user with User ID and password; retain original for Security Administration files