

INSTRUCTIONS

APPLICANTS PLEASE READ CAREFULLY

If you are or anticipate that you will be accessing the GCBH BH-ASO SFTP site or Raintree System now or at any time in the future from a subcontracting level (contractor of provider agency), this form must be completely filled out and will require authorization signatures from the subcontractor, provider agency and GCBH BH-ASO levels. If you are or anticipate that you will be accessing the GCBH BH-ASO SFTP site or Raintree System from a provider agency level, then you may omit filling out or obtaining authorization signatures in the section entitled SUBCONTRACTOR USE ONLY. In other words, provider agency subcontractor applicants must obtain authorization signatures from their management, their contracting provider agency, and GCBH BH-ASO. If a contractor provides services to more than one provider agency, an access request must be submitted for each agency. Original signatures are required. Provider agency applicants must obtain authorization signatures from the agency management and GCBH BH-ASO.

OATH OF CONFIDENTIALITY

1. NAME of the person taking the oath (please type or print).
 - a. Applicant must initial all four (4) comments to verify that they have read and understands these statements.
2. SIGNATURE. Affix original signature of the person taking the oath here (stamped or replicated signatures are not permitted)
3. DATE. Print the date the oath was signed.
4. WITNESS. Print the name of a person who witnessed the signing of the oath.
5. SIGNATURE. Affix the original signature of a person who witnessed the signing of the oath by the applicant.
6. DATE. Print the date that the witness signed this Oath.

PROVIDER AGENCY USE ONLY

7. PROVIDER AGENCY NAME. Print the name of the provider agency. If not applicable, write "none".
8. PROVIDER AGENCY NUMBER. Print the provider agency Reporting Unit ID as identified by GCBH BH-ASO.
9. TELEPHONE. Provide the main business phone number of the provider agency.
10. AUTHORIZING REPRESENTATIVE (MANAGER). Print or type the name of the provider agency rep authorizing access of the applicant.
11. SIGNATURE. Affix the original signature of the provider agency rep approving the authorization of the applicant. Signature must be that of the person identified in cell 10.
 - a. If the request is being submitted for a provider agency contractor, signing and submitting the oath will grant access to the contractor to all data and information available to agency staff with access granted for the Agency ID identified in cell 8.
12. DATE. Print the date that the provider agency authorizing rep signed this Oath.

PROVIDER AGENCY CONTRACTOR USE ONLY

13. CONTRACTOR NAME. Print the company name of the contractor requesting access.
14. TELEPHONE. Provide the main business phone number of the contractor.
15. AUTHORIZING REP. Print or type the name of the contractor rep authorizing the request for access.
16. SIGNATURE. Affix the original signature of the contractor rep authorizing access request for the applicant. Signature must be that of the person identified in cell 15.
17. DATE. Print the date that the contractor authorizing rep signed this oath.

GCBH-ASO USE ONLY

18. AUTHORIZING REP. Print or type the name of the GCBH BH-ASO staff authorizing access.
19. SIGNATURE. Affix the original signature of the GCBH BH-ASO staff authorizing access. Signature must be that of the person identified in cell 18.
20. DATE. Print the date that the GCBH BH-ASO authorizing rep signed this oath.

OATH OF CONFIDENTIALITY

I, (1) _____, agree not to divulge, publish, or otherwise make known protected health information obtained by my access to the GCBH BH-ASO SFTP site or Raintree System except as allowed under the Health Insurance Privacy and Accountability Act (HIPAA) Privacy Rule and/or 42 CFR and my own employer's policies and procedures as applicable. _____ (Initial)

I understand that information obtained from the GCBH BH-ASO SFTP site or Raintree System may contain information considered confidential by state and/or federal regulations, including but not limited to HIPAA and 42 CFR. _____ (Initial)

I agree to only access the GCBH BH-ASO SFTP site or Raintree System using agency devices; personal devices such as personal phone, tablet, laptop, computer, etc. are not permitted to be used to access the GCBH BH-ASO SFTP site or Raintree System. _____ (Initial)

I recognize that unauthorized release of protected health information may subject me to criminal and civil liability under the provisions of state and federal laws. _____ (Initial)

I understand that this Oath may be used in conjunction with electronic processing on the GCBH BH-ASO SFTP site or Raintree System to constitute a legally binding electronic signature when used as such. _____ (Initial)

I understand that I am not to share my logins and passwords with others to access the GCBH-ASO virtual private network (VPN), Raintree System, or SFTP site. _____ (Initial)

2. SIGNATURE OF PERSON TAKING OATH

3. DATE

4. NAME OF WITNESS (PLEASE PRINT OR TYPE)

5. SIGNATURE OF WITNESS

6. DATE

PROVIDER AGENCY INFORMATION

7. PROVIDER AGENCY NAME

8. PROVIDER AGENCY RUID

9. TELEPHONE

10. AUTHORIZING REPRESENTATIVE (PLEASE PRINT OR TYPE)

11. SIGNATURE

12. DATE

PROVIDER AGENCY CONTRACTOR USE ONLY

13. CONTRACTOR NAME

14. TELEPHONE

15. AUTHORIZING REPRESENTATIVE (PLEASE PRINT OR TYPE)

16. SIGNATURE

17. DATE

GCBH-ASO USE ONLY

18. AUTHORIZING REPRESENTATIVE (PLEASE PRINT OR TYPE)

19. SIGNATURE

20. DATE

GCBH-ASO should be notified of any terminations of SFTP users within 24 hours. Please email GCBH BH-ASO at isnotifications@gcbh.org.