



GCBH ACCESS REQUEST

All fields are required for creation. Accounts should be disabled immediately with a phone call to GCBH BH-ASO IS Department or E-mail to isnotifications@gcbh.org from a supervisor or Agency Director/CEO when personnel are terminated or suspended. Follow-up submission of the Termination/Suspension GCBH BH-ASO Website form through the mail to the IS Department is required.

AGENCY

Agency:

Address:

USER CONTACT INFORMATION

<u>Last Name:</u>	<u>First Name:</u>
<u>Job Title:</u>	
<u>Phone:</u>	<u>E-mail:</u>

ACTION REQUESTED (PLEASE INDICATE ACCESS LEVEL AND ACCOUNT STATUS)

ESTABLISH NEW ACCOUNT

 UPDATE EXISTING USER ACCOUNT

ACCESS TO BE GRANTED

Supervisor, please select access to be granted to the applicant (**See attached document that defines each level of access**): GCBH BH-ASO SFTP site access All Finance Clinical Data

Raintree System (data system)

ACCESS SECURITY AGREEMENT

As User, I understand I am being granted permission to access protected health information on the GCBH BH-ASO Raintree System or SFTP site, and that my use of this access will be monitored by GCBH BH-ASO. I hereby attest that I have read and understand the GCBH BH-ASO Oath of Confidentiality. I agree to comply with the applicable Federal and State security laws including but not limited to HIPAA and/or 42 CFR as applicable. I agree to comply with HIPAA and/or 42 CFR policies as applicable, and I understand that my failure to comply may result in termination of my access privileges. I agree to only access the GCBH BH-ASO Raintree System and SFTP site 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 Raintree System or SFTP site. I will not disclose my access credentials to anyone. If GCBH BH-ASO wishes to test my account, my password will be reset.

As Supervisor, I hereby certify that I am formally authorized by the management of the Agency identified above to approve access to Greater Columbia Behavioral Health BH-ASO's Raintree System or GCBH BH-ASO's SFTP site on behalf of the Agency for the User identified above. I have verified that the information on this form is correct. I have advised the User that the information gained by this access may be used ONLY for official GCBH BH-ASO and/or Agency business purposes. Furthermore, I have advised the User of issues related to the protection of non-disclosable information and privacy constraints as defined by HIPAA and 42 CFR. The user has been trained regarding HIPAA, 42 CFR, and this information is on file with the agency as applicable.

By signing this agreement, the User and Supervisor understand that access to the GCBH BH-ASO's Raintree System and SFTP site is only available to individuals who have been approved to obtain access by GCBH BH-ASO. Access must only be used to perform tasks related to GCBH BH-ASO and Agency business.

<u>Signature of User:</u>	<u>Date:</u>
<u>Signature of Supervisor Approval:</u>	<u>Date:</u>
<u>Printed Name of Supervisor Approval</u>	
<u>Supervisor E-mail</u>	<u>Supervisor Phone:</u>