



### Provider User Access Agreement

Utah Department of Health, Division of Medicaid and Health Financing

Section 1: User Information		
Name	Email address	Utah-ID
Employer	Department/Office	Job Title
Street Address	City/State/Zip	Work phone #
Supervisor Name	Supervisor email	Supervisor phone #

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Section 2: Access Information			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Suspend <input type="checkbox"/> Remove (check one)			
Request Date	Effective Date	Expiration Date (If temp access)	
<b>Requested Access</b> (to see a profile description, hover over the profile checkbox)  <u>Provider Domain Name:</u>	<b>PROVIDER</b>  <input type="checkbox"/> Credentialing Specialist <input type="checkbox"/> EDI Team <input type="checkbox"/> File View (Inquiry) <input type="checkbox"/> Upload Files	<b>PROVIDER EHR</b>  <input type="checkbox"/> Incentive Specialist (eMIPP system admin)	<b>PROVIDER SECURITY</b>  <input type="checkbox"/> Account Administrator (account admin requires additional approval in Section 4 below)
	Justification for access (required)		

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Section 3: Security/Agreement/Approvals	
<i>User Acknowledgement- I agree to comply with the Utah Department of Health, Division of Medicaid and Health Financing PRISM Access Agreement (located at <a href="http://medicaid.utah.gov/become-medicaid-provider">medicaid.utah.gov/become-medicaid-provider</a>) and all other policies that are appropriate to the system profile assigned for my use.</i>	
* User Signature: _____	Date: _____
<i>Provider Approval- I attest the requested access profile is appropriate and necessary for this individual to perform his/her assigned job duties. I understand training on system use is the supervisor's responsibility. Any changes in this employee's job duties which impact system use will be promptly reported to our PRISM account administrator.</i>	
* Provider Signature: _____	Date: _____

Section 4: Account Administrator Agreement/Approval	
* User Acknowledgement _____ (Initial) I additionally acknowledge the Provider Account Administrator access profile is considered privileged access for the purpose of user management and includes other security duties such as, but not limited to, maintaining appropriate access documentation and performing activity reviews.	
* Provider Approval _____ (Initial) I additionally authorize this individual to serve as the PRISM account administrator for my organization.	

Section 4: Security Tracking for Provider Account Administrator	
Completed by	Date Completed
Reviewed by	Date Reviewed
Security Notes	

scanned form uploaded to PRISM