

Utah Department of Human Services

3rd Party Telehealth Agreement

User Information

First Name	Middle Initial	Last Name
Utah-ID <i>This is the username used to login into utah.gov systems, NOT the email address.</i>	Work Email Address <i>The email address used to create your Utah-ID must be your work/organizational email.</i>	Work Phone Number
Provider/Agency Name		Request Date

Access Information

User Access Request	New User	Remove User	Update User
Waiting Room Access	New Access	Remove Access	
Waiting Rooms List the names of the Waiting Rooms that the user either needs new access to, or needs access removed:			

UTAH DEPARTMENT OF HUMAN SERVICES SECURITY AND PRIVACY POLICY STATEMENT

Telehealth system resources and information of the Utah Department of Human Services are information technology assets of the State of Utah and must be protected. This includes protection from unauthorized disclosures, access, modification, or destruction, whether accidental or intentional.

Users of this system are subject to all requirements of sanctions of Federal and State statute, and administrative rule. Policies and procedures regarding proper use, ethics and conduct while using this system must be followed.

Each user of this system is required to review and agree to abide by:

- the "Utah Department of Human Services 3rd Party Telehealth Agreement"
- Applicable HIPAA/HITECH laws and regulations
- Any other laws and regulations that may apply to the use of this system or the data being stored, processed, or transmitted by this system

I understand there are many regulations, including HIPAA, that users of this system must abide by. I understand that I must abide by all governing regulations in relation to my use of this system and data acquired through the use of this system. I understand that failure to confidential data associated with my use of this system may result in penalties, including fines, costs of prosecution, dismissal from employment, and imprisonment.

I have read and understand the Utah Department of Human Services Security and Privacy Policy Statement and agree to abide with all conditions contained within.

Print Name _____

Date _____

User Signature _____

Supervisor Name _____

Phone _____

Supervisor Signature  _____

Date _____

****SUPERVISOR'S SIGNATURE IS ACKNOWLEDGING THIS INDIVIDUAL HAS BEEN TRAINED IN REQUIRED PRIVACY AND SECURITY POLICIES, PROCEDURES AND PROCESSES AS REQUIRED BY THE "Utah Department of Human Services 3rd Party Telehealth Agreement"**. ****

DHS Internal Use Only

<i>User Account Completion</i>	
Completed By	Date Completed