

Provider Performance Assessment (PPA) Portal Security Administrator (SA) Agreement

Each Organization is required to designate a Security Administrator (SA) who will be responsible for authorizing PPA portal users. Please complete this form (**print clearly**) and email to: Healthy Connections at ProviderPortal@dhw.idaho.gov or fax to: 1-888-532-0014

Healthy Connections (HC) Organization Information:

HC Organization Name: _____

HC Organization NPI: _____

SECURITY ADMINISTRATOR (SA) INFORMATION:

First Name: _____ Middle Initial: _____

Last Name: _____ Title: _____

Phone Number: _____ Direct E-Mail (**required**): _____

Office Street Address: _____

City: _____ State: _____ Zip Code: _____

I acknowledge that as the Security Administrator (SA) for my organization, I am responsible for the following:

- Require all authorized users to review, sign and submit *PPA Portal User Agreement and Login Request* acknowledging that he or she understands the requirements and obligations, under HIPAA and State regulations, governing confidential clinic information. This acknowledgment is to be kept on file.
- Verify the identity of the requested user and ensure the requested access is appropriate and necessary for the user's job roles and duties by signing off on all *PPA Portal User Agreement and Login Requests*
- Review and ensure all PPA Portal users in the organization abide by the Department of Health and Welfare Privacy and Security Policies, outlined in the *PPA Portal User Agreement and Login Request*
- Contacting Watson Health Technical Support at (877) 843-6796 to report any issues accessing the PPA Portal
- Notify Healthy Connections Staff immediately upon an employee's termination or other reason to term a user's access by submitting an Authorized User Termination form found at www.healthyconnections.idaho.gov or by e-mail at ProviderPortal@dhw.idaho.gov
- Report any unauthorized use of the PPA Portal immediately to Healthy Connections staff at ProviderPortal@dhw.idaho.gov or fax to: 1-888-532-0014

I agree to abide by the conditions set out in this agreement:

Security Administrator Printed Name: _____

Security Administrator Signature: _____ Date: _____