



WV Nursing Facility C3-PAS
Web User Request Form

PROVIDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

WEB USER'S NAME: \_\_\_\_\_
First Name Middle Initial Last Name

User's E-Mail: \_\_\_\_\_
MANDATORY - Account reset information will be sent to this address - make certain it is legible and valid to ensure receipt - MANDATORY

User's Direct Phone # & Extension: \_\_\_\_\_

For User Account Reset/Security Significant Date (e.g. Birth Date, Anniversary Date): \_\_\_/\_\_\_/\_\_\_\_\_

Security Question (e.g. Name of Elementary School, Father's Middle Name) \_\_\_\_\_

Answer to Security Question: \_\_\_\_\_

User Agreement: I, individually and as an authorized web user of the aforementioned Provider, agree that I will access and use the information available through KEPRO's secure web site only for treatment and healthcare operations purposes. I will use all reasonable precautions with respect to protecting the security of my unique login and the privacy and security of the data within this web site. By signing this request, I agree to adhere to all security and privacy requirements when using the web application, as mandated by HIPAA.

User Signature \_\_\_\_\_ Date \_\_\_\_\_

KEPRO DATA CONTACT AUTHORIZATION

DATA CONTACT'S

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Provider's KEPRO Data Contact Authorization: I authorize the action indicated above for the specified User to be carried out by KEPRO. I agree to notify KEPRO by submitting a Request to Cancel the User, when a User no longer has a business purpose to access the information available within the web site.

Data Contact's Signature: \_\_\_\_\_ Date \_\_\_\_\_

KEPRO Use: PASADMIN BMSPAS PCAPAS PASCLRK PASPRO RN

Submit to: KEPRO NH-PAS 100 Capitol St. Suite 600 Charleston WV 25301 or Fax 844-723-7811 or Email scanned/signed request to WVPAS@kepro.com.

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