

KEPRO
CareConnection WEB USER REQUEST

Please Type or Print Clearly

PROVIDER _____ **Agency ID** _____
Assigned Provider/Agency ID #

ADDRESS _____

CITY _____ **STATE** ____ **ZIP CODE** _____

PROVIDER'S DATA CONTACT _____

Phone _____ **Fax** _____

E-Mail Address _____

User's Name _____
First Name Middle Initial Last Name

Birth Date _____ **E-Mail** _____
You must enter this date when using the User Account Reset Function. MM/DD/YYYY Account reset information will be sent to this address – make certain it is legible and valid to ensure receipt.

Direct Phone # & Extension: _____

Provide a Security Question and Answer unique to you that will be used to identify you when your account needs reset. Note: When using the User Reset Function on <https://careconnectionwv.kepro.com>, the Answer you submit must match the answer you provide on this Request. A good example is Mother's maiden name or Father's middle name

Security Question _____

Answer _____

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 <https://careconnectionwv.kepro.com> only for treatment and healthcare operations purposes (as those terms are defined in the HIPAA Privacy Rule.) 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.

User Signature _____ **Date** _____

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

Data Contact's Signature _____ **Date** _____

Submit to: KEPRO Information Services 100 Capitol St. Ste. 600 Charleston WV 25301 or Fax 866-473-2354