

Aged and Disabled Waiver CareConnection© Web User Request Form			
Please type or print clearly			
Web User's Information	First Name	MI	Last Name
	*Preferred User Name	Email	Phone Number
	**Security Question	Security Answer	
	Is this user already affiliated with another CareConnection® user account? If so, what username is already established?		
	<small>*Preferred User Name will be used unless another user has already established an account with that user name. **Security Question and Answer will be used in the event the password needs reset or the account is locked.</small>		
Web User Requested User Access			
<input type="checkbox"/> ***Provider <input type="checkbox"/> CMA <input type="checkbox"/> HMA <input type="checkbox"/> F/EA <input type="checkbox"/> Eligibility Administrator (Only applicable to Bureau of Senior Services) <input type="checkbox"/> Bureau for Medical Services (Only applicable to Bureau for Medical Services) <p style="text-align: center; margin-top: 10px;"><small>***If "Provider" is selected, please select either CMA, HMA or F/EA outlining the type of agency for which you are requesting access</small></p>			
Web User Agency Affiliation: Agency for which this user is requesting access (Section is only applicable to CMA, HMA or F/EA Web User Requests)			
Must match information submitted on Provider Registration Form	Provider	Agency Number (NPI)	
	Address		
	City	State	Zip
	<h3 style="text-align: center; background-color: #004a87; color: white; margin: 0;">Web User Agreement</h3> <p>I, individually and as an authorized web user of the aforementioned Provider or entity, agree that I will access and use the information available through the KEPRO – WV Aged and Disabled Waiver web site 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.</p> <p style="text-align: center; margin-top: 20px;">User's Signature _____ Date _____</p>		
CEO/Responsible Party/Agency Director's Authorization			
<p>I authorize the action indicated above for the specified User. I agree to promptly deactivate a User account, when a User no longer has a business purpose to access the information available within the web site.</p> <p>CEO/Responsible Party/Agency Director's Signature _____ Date _____</p>			