

**Personal Care CareConnection© Web User Request Form**

Please type or print clearly

**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 User Name is already established?

**User Name**

**Program (ex. ADW or I/DD CareConnection©)**



\*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.

**Requested User Access**

- ADMIN (KEPRO)
- AC – Assessment Coordinator (KEPRO)
- BMS - Bureau for Medical Services
- OA - Operating Agency (Bureau of Senior Services)
- PCA - Personal Care Agency
- SA – Scheduling Administrator (KEPRO)

**Web User Agency Affiliation: Agency for which this user is requesting access**  
(Section is only applicable to PCA Web User Requests)

Must match information submitted on Provider Registration Form

**Provider – Include Location**

**Personal Care NPI Number**

**Address**

**City**

**State**

**Zip**

**Web User Agreement**

I, individually and/or as an authorized web user of the aforementioned Provider, agree that I will access and use the information available through the KEPRO – WV Personal Care 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.

**User's Signature:**

X

**Date:**

**CEO/Responsible Party/Agency Director's Authorization**

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.

**CEO/Responsible Party/Agency**

**Director's Signature:**

X

**Date:**

**SUBMIT PROVIDER REGISTRATION AND WEB USER REQUEST FORMS TO: [wvpersonalcare@kepro.com](mailto:wvpersonalcare@kepro.com)**