

**KEPRO**  
**CareConnection for Behavioral Health Services**  
**WEB USER REQUEST**  
Please Type or Print Clearly

**PROVIDER** \_\_\_\_\_ **Provider ID** \_\_\_\_\_  
Assigned Provider 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 1007 Bullitt St. Suite 200 Charleston WV 25301 or Fax 866-438-1360**