

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