

CMHC User Agreement

CMHC User Agreement (Part One)

1. The CMHC password will be assigned by ECBH LME staff. It is the responsibility of the individual user not to divulge the assigned password to any other user. This includes co-workers. If there a breach of this security, it is the responsibility of the provider organization to notify ECBH LME so that appropriate action can be taken. Possible action may include removal of the user right to sign on.
2. According to HIPAA (Health Information Portability and Accountability Act) regulations access to consumer information is on a "Need To Know" basis. It is the responsibility of the provider organization to access only consumers that are enrolled with that organization. It is unethical and against HIPAA regulations to access any other consumer information.
3. It is the responsibility of the provider organization to insure accurate and valid data input.
4. Installation of CMHC and one Microsoft license at no cost for access is the sole responsibility of ECBH LME.
5. It is the provider organization responsibility to maintain the computers that have the capacity to perform these functions for its users. ECBH LME is responsible for ensuring that CMHC is working properly and connectivity can be established.
6. Virus protection software that updates automatically on a daily basis is required on the computer that is being used to connect with ECBH LME.
7. Any infraction of this agreement can result in the removal of the ability to use the CMHC System.

By signing this I agree to the above terms and conditions.

Staff Signature: _____ Date: _____

Provider Organization: _____

Provider Type: Contracted with LME Direct Enrolled ONLY Both

Provider Contract with: ECBHLME AMHC Both

Staff First and Last Name: _____

If you forget your password and need to have it reset by ECBH IT, we will ask you for the answer to this secret question.

Please answer at least one of the following questions:

1. What is your favorite pet's name? _____
2. What city were you born in? _____
3. Who was your first boy/girl friend? _____

Staff Type: Claims Clinical Both Number:

Contact Number: _____

Site Address: _____

User Name Assigned: _____

Password Assigned: _____

- An additional license is not being requested at this time.
- Please remove _____ and replace with the above staff information.

CMHC User Agreement (Part Two):

Additional Microsoft license access can be purchased for \$500.00 per user/computer. Provider Agency will be invoiced by East Carolina Behavioral Health LME.

_____ Number of additional Microsoft license. Total charges: _____

Each additional staff will need to sign the above user agreement prior to the assignment of a user name and password.

By signing this I agree to the above terms and conditions.

Agency Owner/Representative: _____

Date: _____

Provider Organization: _____

NOTE: This form will not be processed without the signature of the Agency Owner/Representative

****Please fax form to 252-633-1237.**