AAA Systems Access Request (SAR) for DSHS / HCA / ESD Systems

AAA Adding Users
An Area Agency on Aging (AAA) may request access to various systems for its employees or contractors (AAA Users) under its Data Share Agreements (DSA) with DSHS HCLA. This Systems Access Request (SAR) form must be signed by the AAA Authorizer and AAA User then sent to ServiceNow at Catalog Categories - DSHS ServiceNow Portal or DITServiceDesk@dshs.wa.gov.

AAA Removing Users
The AAA Authorizer must also notify the SUA Data Share Agreement Contract Manager using the SAR form within five (5) business days whenever an employee (AAA User) with access rights leaves employment or has a change of duties such that the employee no longer requires access. If the removal of access is emergent, please include that information with the request.

AAA Subcontractors Adding Users
If access is being requested by an AAA subcontractor, the subcontractor must send the SAR form to the AAA via email, who will then send it to the ServiceNow at Catalog Categories - DSHS ServiceNow Portal or DITServiceDesk@dshs.wa.gov. They will only accept the completed SAR form a AAA Authorizer.

AAA Subcontractors Removing Users
The AAA subcontractor must also use the SAR form to provide notice to the AAA within five (5) business days whenever a subcontractor employee (AAA User) with access rights leaves employment or has a change of duties such that the employee no longer requires access. If the removal of access is emergent, please include that information with the request. **DSHS and HCA will grant / remove the appropriate access permissions to the AAA User**.

Request Type	Requesting Organization and Mailing Address	Date Received
☐ New user access ☐ Update user access ☐ Remove user access ☐ Change username		User's CARE ID (if applicable)

Systems Access Requested through HCLA			WA Cares Fund
☐ VPN *	☐ Data Mart – CARE**	☐ PRISM *	☐ Salesforce Console: Production + Training
☐ ACES Online	☐ Data Mart – P1 / Finance**	☐ Client Registry*	
☐ IPOne – Remove Only	☐ CARE Database (wacarerpt)**		

Systems Access Request set up at AAA Level		
☐ CARE Web: Production +	☐ QA Monitor	☐ ALTSA Reporting: DDA/HCS Reporting
☐ Practice Barcode **Select one.**	☐ CLC / GetCare	**WA Cares Fund:**
☐ ACD – **Select one.**	☐ BCS – Background Check	☐ WA Cares / GetCare: Production + Training

AAA / Subcontractor User Information

Last Name	First Name	Middle Initial	Phone Number (area code)	User Email Address***

Title	Prior Name (change name request)
AAA / Subcontractor Office	**Access Justification**

* Please include required forms (see instructions) in addition to the 17-226.
** Requires DSHS Active Directory
*** No generic email addresses (e.g. Hotmail, Gmail, Yahoo, etc.)

Protected Data Access Authorization
Health Insurance Portability and Accountability Act (HIPAA) Security rule states that every employee that needs access to electronic Protected Health Information (ePHI) receives authorization from an appropriate authority and that the need for this access based on job function or responsibility is documented. I, the undersigned AAA Authorizer, verify that this individual (AAA User) has a business need to access this data, has completed the required HIPAA and annual IT Security training, and has signed the required AAA User Agreement on System Usage and Non-Disclosure of Confidential Information included with this request. This AAA Users access to this information is appropriate under the HIPAA Information Access Management standard. In addition, this employee has been instructed on 42 Code of Federal Regulations (CFR) Part 2 that governs the use of alcohol and drug abuse information and is aware that this type of data must be used only in accordance with these regulations. I have also ensured that the necessary steps have been taken to validate the AAA Users identity before approving access to confidential and protected information.

Authorizing Signature

AAA Authorizer's Signature	Date	Printed Name	Email Address

AAA User Agreement on System Usage and Non-disclosure of Confidential Information

Your AAA has entered into Data Share Agreement(s) with the state of Washington Department of Social and Health Services (DSHS), Health Care Authority (HCA), and Employment Security Department (ESD) that will allow you access to data and records that are deemed Confidential Information as defined below. Prior to accessing this Confidential Information you must sign this AAA User Agreement System Usage and Non-Disclosure of Confidential Information (Agreement).

Confidential Information

"Confidential Information" means information that is exempt from disclosure to the public or other unauthorized persons under Chapter 42.56 RCW or other federal or state laws. Confidential Information includes, but is not limited to, Protected Health Information (PHI) and Personally Identifiable Information (PII).

"PHI" means information that relates to: the provision of health care to an individual; the past, present, or future physical or mental health or condition of an individual; or the past, present or future payment for provision of health care to an individual and includes demographic information that identifies the individual or can be used to identify the individual.

"PII" means information identifiable to any person, including, but not limited to, information that relates to a person's name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver license numbers, credit card numbers, any other identifying numbers, and any financial identifiers.

Regulatory Requirements and Penalties

State laws (including, but not limited to, RCW 50A.25.070, 74.04.060, RCW 74.34.095, and RCW 70.02.020) and federal regulations (including, but not limited to, HIPAA Privacy and Security Rules, 45 CFR Part 160 and Part 164; Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2; and Safeguarding Information on Applicants and Beneficiaries, 42 CFR Part 431, Subpart F) prohibit unauthorized access, use, or disclosure of Confidential Information. Violation of these laws may result in criminal or civil penalties or fines.

AAA User Assurance of Confidentiality

In consideration for DSHS, HCA, and ESD granting me access to systems and Confidential Information in those systems, I agree that I:

1) Will access, use, and disclose Confidential Information only in accordance with the terms of this Agreement and consistent with applicable statutes, regulations, and policies.
2) Have an authorized business requirement to access, use, and view systems and view systems' Confidential Information.
3) Will not use or disclose any Confidential Information gained by reason of this Agreement for any commercial or personal purpose, research or any other purpose that is not directly connected with client care coordination and quality improvement.
4) Will not use my access to look up or view information about family members, friends, the relatives or friends of other employees, or any persons who are not directly related to my assigned job duties.
5) Will not discuss Confidential Information in public spaces in a manner in which unauthorized individuals could overhear and will not discuss Confidential Information with unauthorized individuals, including spouses, domestic partners, family members, or friends.
6) Will protect all Confidential Information against unauthorized use, access, disclosure, or loss by employing reasonable security measures, including physically securing any computers, documents, or other media containing Confidential Information and viewing Confidential Information only on secure workstations in non-public areas.
7) Will not make copies of Confidential Information or print system screens unless necessary to perform my assigned job duties and will not transfer any Confidential Information to a portable electronic device or medium, or remove Confidential Information on a portable device or medium from facility premises, unless the information is encrypted and I have obtained prior permission from my supervisor.
8) Will access, use or disclose only the "minimum necessary" Confidential Information required to perform my assigned job duties.
9) Will protect my User ID's and passwords and not share them with anyone or allow others to use any system logged in as me.
10) Will not distribute, transfer, or otherwise share any software with anyone.
11) Will forward any requests that I may receive to disclose Confidential Information to my supervisor for resolution and will immediately inform my supervisor of any actual or potential security breaches involving Confidential Information, or of any access to or use of Confidential Information by unauthorized users.
12) Understand at any time, DSHS, HCA, or ESD may audit, investigate, monitor, access, and disclose information about my system use and that my intentional or unintentional violation of the terms of this Agreement may result in revocation of privileges to access the systems, disciplinary actions against me, or possible civil (up to $20,000) or criminal penalties or fines.
13) Understand that my assurance of confidentiality and these requirements will continue and do not cease at the time I terminate my relationship with my employer.

Signature

AAA / Subcontractor User's Signature Date	AAA User's Printed Name