



SHARES ACCOUNT REQUEST (PROVIDERS)

This form must be used to **open, close,** or otherwise **modify** a SHARES on-line account. Please note that without proper authentication and required signatures, no account may be altered or established. This form should be returned to ADAMH, 447 E. Broad St., Columbus, OH 43215. You may submit via fax to 614-224-0991.

The Board SHARES Administrator (or appointing authority) will be notified when this account request has been completed.

Please print all information except legal signatures.

Board Name	Date
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Complete the information below for the person who will be using this account:

Environment	Action Requested		
<input type="checkbox"/> Production	<input type="checkbox"/> Create New Account	<input type="checkbox"/> Modify Existing Account	<input type="checkbox"/> Disable Existing Account
Covered Entity <input type="checkbox"/> Yes <input type="checkbox"/> No			
Agency Name		Address /City /State/Zip Code	
Third Party Name (if applicable)		Third Party Address/City/State/Zip Code	
Last Name	First Name	Middle Initial	
Telephone No.	Extension (if applicable)	Fax No.	Existing Logon (if applicable)
()		()	
Job Title		Email Address	
Job Functions: <i>Member Enrollments, Member Search, Clinical, Outcomes, Claims Administration</i>			

Account User
First & Last Name _____



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The undersigned individuals hereby acknowledge that the information which may be accessed via the SHARES on-line account includes protected health information, and that access to such information is subject to the requirements of the privacy and security regulations adopted by the U.S. Department of Health and Human Services, and to the HIPAA privacy and security policies adopted by the agency which employs the Account User (Agency). The Account User agrees that information will be accessed via the SHARES on-line account only for purposes of determining the eligibility of patients to receive services from the undersigned Board, treatment of patients who are eligible to receive services from the undersigned Board, obtaining payment for such treatment and for the health care operations of the Agency, and will not be used or disclosed for any other purpose. Account User further agrees that Account User will not permit any other person to access the SHARES on-line account through Account User's access credentials, and Account User will keep Account User's access credentials confidential and not disclose the access credentials to any other person.

Signature of New Account User	Date
Signature of HIPAA Security Officer of Agency	Date
Signature of HIPAA Security officer of Third Party (if applicable)	Date
Signature of HIPAA Privacy Officer of Agency	Date
Signature of Privacy Officer of Third Party (if applicable)	Date

Account User
First & Last Name _____



SHARES ACCOUNT REQUEST (PROVIDERS)

For Board Use Only - Security Groups Access

3C HelpDesk (PhaseWare)

Board Customer (Self Service Center)

Incedo Web

MHAP

Provider Connect

iPC Claims

iPC Clinical

iPC Enrollment

iPC Member Search

iPC Claims - Non-Covered Entity

iPC Clinical - Non-Covered Entity

iPC Enrollment - Non-Covered Entity

iPC Member Search - Non-Covered Entity

iPC Limited Access

iPC Limited Access - Non-Covered Entity

Board Approval	Date
Name	
Title	
Signature	

Account User

First & Last Name _____



SHARES ACCOUNT REQUEST (PROVIDERS)

For COG Use Only

Date Received	
3C HelpDesk Login	
SHARES Login	
Security Group Access	
Approved by	
Signature	
Date Completed	

Account User
First & Last Name _____