



Aged and Disabled Waiver CareConnection© Web User Request Form
Please type or print clearly

Web User's Information

First Name	MI	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
*Preferred User Name	Email	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
**Security Question	Security Answer		
<input type="text"/>	<input type="text"/>		
Is this user already affiliated with another CareConnection® user account? If so, what username is already established?			<input type="text"/>

*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.

Web User Requested User Access

- ***Provider CMA HMA F/EA
 - Eligibility Administrator (Only applicable to Bureau of Senior Services)
 - Bureau for Medical Services (Only applicable to Bureau for Medical Services)
- ***If "Provider" is selected, please select either CMA, HMA or F/EA outlining the type of agency for which you are requesting access

Web User Agency Affiliation: Agency for which this user is requesting access
(Section is only applicable to CMA, HMA or F/EA Web User Requests)

Must match information submitted on Provider Registration Form

Provider	Agency Number (NPI)	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Web User Agreement

I, individually and as an authorized web user of the aforementioned Provider or entity, agree that I will access and use the information available through the KEPRO – WV Aged and Disabled Waiver 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 _____ 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 _____ Date _____