KEPRO
I/DD Waiver CareConnection©
Web User Request Form

Section 1: Web User Information (Please type or print clearly)

First Name | MI | Last Name

Preferred User Name

Preferred User Name will be used unless another user already has an account with that user name

Email Address | Phone Number

Security Question and Answer will be used in the event the password needs reset or the account is locked.

Security Question

Security Answer

Is this user already affiliated with another CareConnection(c) user account? ☐ Yes ☐ No

If so, what username is already established?

Section 2: Web User Requested User Access (Select the type of access the user requires)

ADMIN*	☐ Provider Super Admin*	☐ Provider Administrator	☐ Provider Super Admin Read Only*
SC	☐ Read/Write/Submit	☐ Read/Write	☐ Read Only
MECA	☐ PCA Admin	☐ PCA	☐ IPN
F/EA	☐ Provider Administrator	☐ Fiscal/Employer Agent	
BMS	☐ BMS (only applicable to staff of designees of the Bureau for Medical Services)		

All ADMIN and SC User Roles must be affiliated with a provider, as indicated in Section 3.

Section 3: Web User Provider Affiliation (Provider for which this user is requesting access)

(Section is only applicable to ADMIN and SC Web User Requests)

*Provider Super Admin & Provider Super Admin Read-Only may indicate multiple locations-use additional pages as necessary.

Must match information submitted on Provider Registration Form

Provider Name (include location if applicable) | Behavioral Health License #

Address

City | State | Zip

Section 4: Web User Agreement

I, individually and as an authorized web user, agree that I will access and use the information available through the KEPRO Intellectual/Developmental Disability 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** __________

Section 5: Provider Authorization

ADMIN, MECA and F/EA User requests must be authorized by the company's or provider's executive leadership.
SC User requests may be authorized by an established Web User Admin or executive leadership.
BMS User requests must be authorized by the Program Director.

I authorize the action indicated above for the specified User. I agree to promptly deactivate a User account, or notify KEPRO, when a User no longer has a business purpose to access the information available within the web site.

Admin, Director or CEO's Printed Name ______________________ **Date**

Admin, Director or CEO's Signature ______________________ **Date** __________

Send competed and signed form to your agency's assigned KEPRO Provider Educator