KEPRO
INTELLIGENT VALUE

Personal Care CareConnection© Web User Request Form
Please type or print clearly

First Name | **MI** | **Last Name**

***Preferred User Name** | **Email** | **Phone Number**

****Security Question** | **Security Answer**

Is this User already affiliated with another CareConnection© User account? If so, what Username is already established?

Username	
Program (ex. ADW or I/DD CareConnection©)	

*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

- ☐ PCA - Personal Care Agency
- ☐ OA - Operating Agency (Only applicable to Bureau of Senior Services)
- ☐ UMC – Utilization Management Contractor (Only applicable to WVMI)
- ☐ BMS - Bureau for Medical Services (Only applicable to Bureau for Medical Services)

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 – Include Location | **Personal Care NPI Number**

Address

City | **State** | **Zip**

Web User Agreement

I, individually and as an authorized web User of the aforementioned Provider, agree that I will access and use the information available through the KEPRO – WV Personal Care 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: X 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: X Date:

SUBMIT PROVIDER REGISTRATION AND WEB USER REQUEST FORMS TO: wvpersonalcare@kepro.com