

NH EASY PROVIDER ENROLLMENT

Please type or print all information below

Organization Name: _____
(Maximum of 35 Characters)

Organization Address: _____
Street/Mailing Address City, State, and Zip Code

Organization Phone #: _____ Organization Email Address: _____

Administrator: _____ 4-digit PIN: _____
The person responsible for your organization's NH EASY account (Any 4 digits of your choosing)

ORGANIZATION OPTIONS:

- Apply Only– Submit an application for benefits on behalf of a client
- Apply & Update Case Info– Submit an application on behalf of client and view/update case information
- LTSS (Nursing Facility, HCBC CFI, Residential Care) - Create and review assessments requested by LTSS unit
- WIC - Submit an application on behalf of client and view/update case information
- CFI Plan Management – Manage CMA assignment and CFI authorization
- BDS Intake- Add new He-M 503 and He-M 522 eligibility determinations (Area Agencies only)
- BDS Service Management- Manage CMA Assignments, Individuated service agreements and service authorizations
- Family Center Early Supports & Services - Area Agencies
- Family Center Early Supports & Services – Vendors of Area Agencies

I certify that I have read and understand the following:

- **I understand** that my organization must notify DHHS within 5 calendar days of termination of a legal relationship with any of the clients listed on my dashboard.
- **I understand** that at any time, any of the clients my organization represents may restrict my organization's access to his or her NH EASY account.
- **I understand** that I, the Administrator, have the authority to create other users to access my organization's NH EASY account. I must assign user names, and maintain passwords for current employees, and I must terminate user names for former employees.
- **I understand** that I, the Administrator, am responsible for protecting all confidential information and records within my control, **including NH EASY login, passwords, and any other User identification information**, and am allowed to release information only to authorized agencies or individuals as provided for by state and federal laws, rules, and regulations, such as RSA 167:30-RSA 167:32, 7 CFR 272.1(c), 42 CFR 431.300-42 CFR 431.307, 45 CFR 205.36 and 45 CFR 205.50. I understand that my responsibility extends to myself and any other users that I allow to access these accounts.
- **I understand** that I, the Administrator, and any other users that I allow to access these accounts, are bound by all current DHHS policy regarding confidentiality, and that **I must send a signed Confidentiality Agreement** to the address below. **This agreement is on the back of this form.**
- **I understand** that if I, the Administrator, or any other users that I allow to access these accounts, fails to abide by any current DHHS policy regarding confidentiality, the organization's dashboard and all NH EASY accounts will be terminated immediately.

Administrator Signature: _____ Date: _____

Please email this completed form and the signed *Confidentiality Agreement* to:

DHHS.NHEASYHelpDesk@dhhs.nh.gov

PLEASE COMPLETE THE BACK

NH EASY PROVIDER ENROLLMENT CONFIDENTIALITY AGREEMENT

PURPOSE AND INTENT OF POLICY

As the identified Administrator for your organization's NH EASY account, you are responsible for protecting all confidential information and records within your control, **including NH EASY login, passwords, and any other User identification information**, and you may release information only to authorized agencies or individuals as provided for by state and federal laws, rules, and regulations, such as RSA 167:30-RSA 167:32, 7 CFR 272.1(c), 42 CFR 431.300-42 CFR 431.307, 45 CFR 205.36 and 45 CFR 205.50. This policy supplements, but does not replace, any current DHHS policy regarding confidentiality.

GENERAL POLICY STATEMENT

In the course of business, DHHS, of which NH EASY is a part, receives, discloses, and utilizes personal information of clients for a variety of reasons. All personal, financial, and health care information maintained by DHHS, including information on NH EASY, is considered confidential. DHHS maintains privacy, confidentiality, and integrity with regard to confidential information, as required by state and federal laws, rules, regulations, and professional ethics.

As the Administrator for your organization's NH EASY account, you and any user you create will have access to confidential information and records. As the Administrator, you are responsible for protecting all confidential information and records within your control and for releasing information only to authorized agencies or individuals as provided for by state and federal laws, rules, and regulations.

NH EASY ADMINISTRATOR CONFIDENTIALITY AGREEMENT

- **I understand** that I, and any user I create, may have direct or indirect access to confidential information in the course of performing my work activities and I agree to protect the confidential nature of all information to which I have access.
- **I understand** that there are state and federal laws, rules, and regulations that ensure the confidentiality of an individual's information.
- **I understand** that I, and any user I create, am required to comply with DHHS policies and agency procedures related to the protection of individually identifiable information.
- **I understand** that my failure to observe and abide by these policies and procedures will result in loss of NH EASY User privileges.
- **I understand** that every user I create is bound to this confidentiality agreement, and if any user I create breaks this agreement, I will be held accountable.

I, _____ have read and understand this agreement.
(Print your name)

Administrator Signature Date

Organization

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DHHS.NHEASYHelpDesk@dhhs.nh.gov