

APS Healthcare, Inc. – West Virginia
**APS I/DD WAIVER SERVICE COORDINATOR
WEB USER ACCOUNT REQUEST**

Please Type or Print Clearly

PROVIDER _____ **Agency ID** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PROVIDER'S ADMINISTRATOR _____

Phone _____ **Fax** _____

E-Mail Address _____

Indicate the Service Coordinator's User account access privileges by checking only one box.

(Note: A Service Coordinator will have access to their assigned caseload only, regardless of access level indicated.

Also, "Submitting Data" references a Service Coordinator's ability to submit their caseload data to APS Healthcare - WV)

**REQUESTED
USER ACCESS:**

**Read
Only**

**Read
Write**

**Read
Write
and
Submit**

Service Coordinator's Name _____

E-Mail _____

Direct Phone # & Extension: _____

Secondary Phone # & Extension: _____

Provide a Security Question and Answer unique to you, which will be used to identify you when you request account reset. This question should have nothing to do with your actual password; it is for identification purposes, and should be something that you will remember. A good example is Mother's Maiden Name.

**Security
Question** _____

Answer _____

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 APS Healthcare – WV Title XIX I/DD 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 Signature _____ **Date** _____

Provider's Administrator'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.

Administrator's Signature _____ **Date** _____

Submit to: APS-WV Information Services 100 Capitol Street Charleston WV 25301 or Fax 866-521-6882