NORTH Dakota
Be Legendary.™

AUTHORIZED USER AGREEMENT
NORTH DAKOTA INFORMATION TECHNOLOGY
HEALTH INFORMATION NETWORK
SFN 60297 (5-2020)

The North Dakota Health Information Network (NDHIN) allows health care providers to electronically access, use, and disclose patient health information. Information is encrypted and sent over a secure network. The North Dakota Information Technology Department (ITD) is required by statute N.D.C.C. § 54-59-26(b) to implement and administer a health information exchange.

Please print clearly.

Name of NDHIN Participant (Health Care Organization)	User ID	For SSO: Provide EHR MTM ID/ Log In; For web users, ND HIN will complete
Example: Sanford Health, Trinity, Baptist Health		

Authorized User's Name	Title	Specialty
Provide person needing access's name	Title of person needing access	Specialty of person needing access

E-mail Address	Communicate (Direct Secure Messaging) E-mail Address
Provide work email if possible	Provide DSM if person needing access has one

National Provider Identifier (NPI) (Personal NPI for Primary Provider, Facility NPI for all other users)
If a provider or pharmacist (Must match ND Board of Pharmacy PDMP NPI), must provide Personal NPI. All others use facility NPI.

Facility Address	City	State	ZIP Code

You have been designated to be an Authorized User with the following functions:

Production (Must select at least one option below)

☐ Primary Provider (ex. Physician, Nurse Practitioner)

Specialty

☐ Secondary Provider (ex. Nurse, Therapist, Pharmacist)
  ☐ Nurse
  ☐ Pharmacist
  ☐ Therapist
☐ Care Support (ex. Unit Clerk, Medical Assistant)
☐ Health Plan
☐ Front Desk (ex. Billing Clerk, Registration Staff)

PDMP (Prescription Drug Monitoring Program)
  ☐ Provider
  ☐ Pharmacist
  ☐ ~~Nurse~~ Currently not available

(This is only required to be checked for Provider or Pharmacist)

eHealth Exchange Gateway Role (Query other HIEs and Federal agencies)
  ☐ Provider
  ☐ Pharmacist
  ☐ Nurse
☐ Privacy Officer
☐ Other - Specify: _i.e. social worker_

(Check box based on role. Use "other" to specify role if option not available)

Testing
☐ Validation Testing

(Not required to select but select if applicable i.e. IT, Security Officer)

Participants and the NDHIN monitor the impermissible access, use or disclosure of patient health information by Authorized Users. Impermissible access, use or disclosure may result in disciplinary action and termination of this agreement and a breach could result in personal liability for damages.

As an Authorized User you agree to the following terms and conditions.

1. I will only access, use, or disclose an Individual's Protected Health Information (PHI) with whom I have a health care relationship; for treatment, payment processing, or other necessary business related to the Individual in the performance of my duties.
2. I agree to access, use or disclose only the minimum necessary amount of an Individual's PHI necessary for the performance of my duties.
3. I agree to maintain the confidentiality of PHI as required under the HIPAA Rules, Federal and State Laws and Regulations, and Administrative Rules applicable to an Individual's health information.
4. I agree to abide by the NDHIN policies.
5. I acknowledge the HIPAA and NDHIN confidentiality requirements continue beyond my employment with the Participant.
6. I acknowledge that I must participate in annual privacy and security training as a member of the Participant's workforce.

I HAVE READ AND AGREE TO COMPLY WITH THE NDHIN AUTHORIZED USER AGREEMENT.

Authorized User's Signature		Date
Person requesting access signs		

Participant (Health Care Organization) Granting Authority's Signature	Name	Date
Facility's Granting Authority for NDHIN signs	Print name	

Please return to NDHIN via email at ndhin@nd.gov