

eAUA (Electronic AUA) Process

1. User clicks on the URL provided by their facility.
2. User clicks 'Continue' at bottom of page.



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AUTHORIZED USER AGREEMENT

NORTH DAKOTA INFORMATION TECHNOLOGY
HEALTH INFORMATION NETWORK
SFN 60297v2 (12-2022)

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 (NDIT) is required by statute N.D.C.C. § 54-59-26(b) to implement and administer a health information exchange.

Please print clearly. *Required. (Hover over field text for help.)

* Name of NDHIN Participant (Health Care Organization)*		User ID	
* Authorized User's Name*	* Title*	* E-mail Address*	
National Provider Identifier (NPI) (Personal NPI for Primary Provider or Pharmacist, Facility NPI or N/A for other users)*			
* Facility Address*	* City*	* State*	* ZIP Code*

Choose the role that matches the user's job function.

Role: *

Other-specify:

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 * Click here to sign	Print Name *	Date 02/09/2023
Signature of individual designated by Participant to authorize this User Agreement	Print Name	Date

3. User completes and signs the form. Note that required fields have orange asterisks. Click 'Click to Sign' at the bottom of the form.

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National Provider Identifier (NPI) (Personal NPI for Primary Provider or Pharmacist, Facility NPI or N/A for other users)*			
Facility Address*	City*	State*	ZIP Code*

Choose the role that matches the user's job function.

Role: *Select...

Other Select...

- Provider
- Nurse
- Pharmacist
- Other Clinical Roles
- Front Desk
- Health Plan
- Privacy Officer

Participant 2 is the person authorized to sign off on this form. Their info was likely provided in the email in which you obtained the link to this form. If not, contact the sender for the information. [Read Less](#)

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

4. After signing the form, User enters the provided name and email for their Granting Authority into the Participant 2 fields:

Assign to next participants

×

To complete the form please enter the information for the next participant. They will receive an email to complete this form.

*** Participant 2** ▲

The Next Participant is the person authorized to sign off on this form. Their info was likely provided in the email in which you obtained the link to this form. If not, contact the sender for the information. [Read Less](#)

First name

Last name

Email address

Enter first name

Enter last name

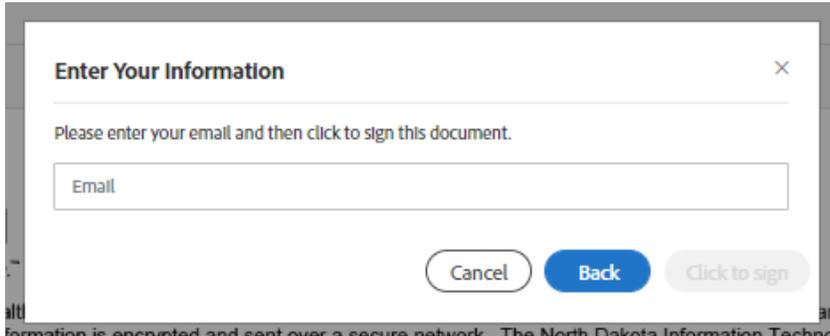
Enter email address

[+ Add Message](#)

Cancel

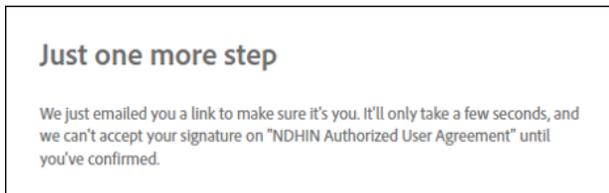
Next

5. User provides their own email which triggers an authentication email to the user.



The screenshot shows a dialog box titled "Enter Your Information" with a close button (X) in the top right corner. Below the title, there is a text prompt: "Please enter your email and then click to sign this document." A text input field labeled "Email" is positioned below the prompt. At the bottom of the dialog, there are three buttons: "Cancel", "Back", and "Click to sign".

6. User is presented with this message.

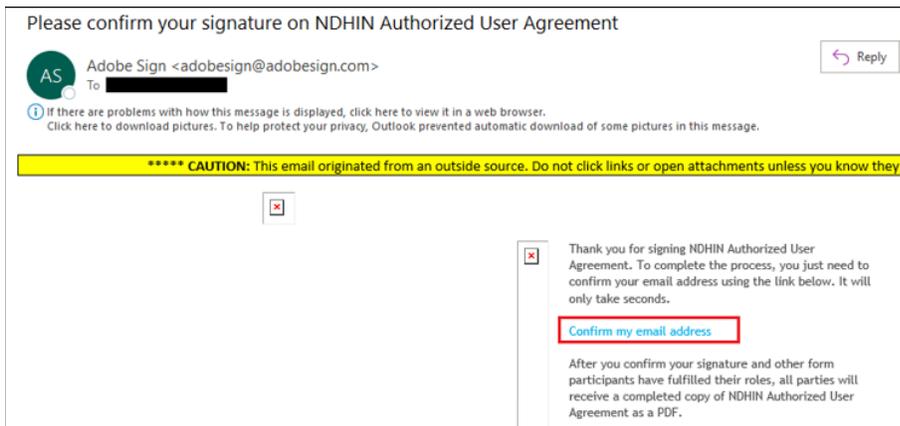


Just one more step

We just emailed you a link to make sure it's you. It'll only take a few seconds, and we can't accept your signature on "NDHIN Authorized User Agreement" until you've confirmed.

7. User opens their email, finds the authentication email, and confirms their email address by clicking on the blue sentence 'Confirm my email address'.

8. User is finished. User will receive an email with login credentials.



The screenshot shows an email interface with the following elements:

- Subject: Please confirm your signature on NDHIN Authorized User Agreement
- From: Adobe Sign <adobesign@adobesign.com>
- To: [Redacted]
- Buttons: Reply
- Warning: ***** CAUTION: This email originated from an outside source. Do not click links or open attachments unless you know they
- Body text: Thank you for signing NDHIN Authorized User Agreement. To complete the process, you just need to confirm your email address using the link below. It will only take seconds.
- Link: [Confirm my email address](#) (highlighted with a red box)
- Footer: After you confirm your signature and other form participants have fulfilled their roles, all parties will receive a completed copy of NDHIN Authorized User Agreement as a PDF.

