

eAUA (Electronic AUA) Process – Granting Authority

1. NDHIN provides the eAUA link as well as the eAUA Email Script to the Granting Authority: Page 7. The participant edits Page 7 by replacing the black script in the screenshot below with the name and email address of the granting authority who will approve the AUA.

When you are asked to assign the NEXT PARTICIPANT, enter: {Participant Granting Authority enter name and email here}

- 2. Granting Authority emails the eAUA link and instruction email to person(s) requiring NDHIN access: Page 7.
- 3. User clicks on the URL provided by their facility.
- 4. User clicks 'Continue' at bottom of page.

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5. 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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Please print clearly. *Requi	i red . (Hover over field text f	or help.)			
Name of NDHIN Participant	(Health Care Organization)	*		User ID	
Authorized User's Name*		Title*	E-ma	il Address*	
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6. After signing the form, User enters the provided name and email for their Granting Authority into the Participant 2 fields:

o complete the form pleas mail to complete this form	e enter the information for the n.	e next participant. They will receive ar
Participant 2		^
The Next Participant is th	e person authorized to sign of	ff on this form. Their info was likely pr
ovided in the email in wh	nich you obtained the link to th	his 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		
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+ Add Message		



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

Enter Your Information	×	
Please enter your email and then clic	k to sign this document.	
	Cancel Back Click to sign	

8. User is presented with this message.



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

Please confirm your signature on NDHIN Authorized Use	er Agreement
Adobe Sign <adobesign@adobesign.com> To Ithere are problems with how this message is displayed, click here to view it in a web b Click here to download pictures. To help protect your privacy, Outlook prevented autom</adobesign@adobesign.com>	rowser. atic download of some pictures in this message.
***** CAUTION: This email originated from an outside sou	rce. Do not click links or open attachments unless you know they
×	
	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. Confirm my email address 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.

- 10. Granting Authority receives an email notification that and eAUA has been signed. Please note the two names in the red box, below.
 - a. The user requesting access will be the first name and the second name MUST be the name of the granting authority.
 - b. If the second name is not the granting authority, you must contact the user and ask them to start over by clicking the link and filling out a new form. Inform the user that they must put the granting authority's name and email in the 'Assign the Next Participants' box.

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Dakota	Health Information Netv	vo	rk	
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Julie Smith has signed N	DHIN Authorized User Agreement			
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			 Exchange, Sign, and File Any Document Seconds! 	t. In
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			 See All of Your Documents, Anytime, Anywhere. 	

11. Granting Authority receives a second email giving them the option to either <u>Review and</u> <u>Sign</u> or to <u>Delegate</u> the approval signature to another person.

Your signature is required on NDHIN Authorized Use	r Agree	ement
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***** CAUTION: This email originated from an outside s	ource. Do	not click links or open attachments unless you know they are
×		
<	×	Please sign NDHIN Authorized User Agreement
		Authorized User Agreement. Now it is your turn.
		Click here to review and sign NDHIN Authorized User Agreement. After you sign NDHIN Authorized User Agreement, all parties will receive a final PDF copy by email.
		If you need to delegate this document to an authorized party for signature, please do not forward this email. Instead, click here to delegate.
Right-click or tap and hold here to download		

12. If delegation is chosen, these boxes are completed. Only the person to whom the signature is delegated will see the message.

De	legale tills docu	ment		
To se addr	end this document to an ress and a message belo	nother individual in y w.	our organization for	signature, enter their ema
	Email:			
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				Delegate

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13. Granting Authority adds the User ID only if the organization is using Single Sign On, and then reviews and signs the document. The Granting Authority clicks 'click to sign' at the bottom of the form.

Dakota Be Legendary."	AUTHORIZED USER NORTH DAKOTA INFORM HEALTH INFORMATION N SFN 60297 (11-2020)	AGREEME IATION TECH NETWORK	NT INOLOGY			
The North Dakota Health health information. Inforr is required by statute N.D Please print clearly.	Information Network (NDHIN) mation is encrypted and sent or).C.C. § 54-59-26(b) to implem	allows health ca ver a secure net ent and adminis	are providers to electronically a twork. The North Dakota Inform ster a health information exchan	ccess, use, nation Techn ige.	and disclose patient nology Department (ITD)	
Name of NDHIN Particip Windsor Hospital	ant (Health Care Organization)	K.		User ID]
Authorized User's Name Julie Smith		Title RN		Specialty		
 I HAVE READ AND AGE	REE TO COMPLY WITH THE N	IDHIN AUTHOR	RIZED USER AGREEMENT.			
Authorized User's Signal	ture				Date 09/19/2022]
Participant (Health Care	Organization) Granting Author	ity's Signature	Name		Date	1

14. Message opens stating the process is complete. A copy of the completed form can be downloaded at this time, and all parties will receive a copy of the completed form.

09/19/2022



Click here to sign

15. Email received by User, Granting Authority, and NDHIN.



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- 16. Weekly, NDHIN downloads the all the information in the AUAs received in the prior week. That file is submitted to the NDHIN vendor, Orion. Orion creates the users, sends the new user and the password emails to the new user.
- 17. Urgent new user AUAs will still be processed upon request.
- 18. The granting authority will no longer receive the email notifying them that user setup is complete. The email displayed in step 16 will serve as notification that the user request was received by NDHIN.



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NDHIN Authorized User Agreement Link

Click the above link to open the NDHIN Authorized User Agreement electronic form. Follow the attached instructions to complete the form. You will receive an email once your user account is created.

When you are asked to assign the NEXT PARTICIPANT, enter:

{Participant Granting Authority enter name and email here}

Who is the participa	next nt?	Ĵ		
	Assign to next partic	ipants		×
	To complete the form please email to complete this form	se enter the information for the n.	next participant. They will receiv	e an
	* Participant 2			^
	First name	Last name	Email address	
	Enter first name	Enter last name	Enter email address	
	+ Muu message			
NK				

Please remember: As an authorized user of the North Dakota Health Information Network (NDHIN) Clinical Portal you have agreed to access only the patients and patient data that is necessary to do your job. Additionally, NDHIN policy states: NDHIN shall limit the right of an Individual to access their own PHI or that of a family member. Additional information on NDHIN policies can be found at https://www.ndhin.nd.gov/about-us/ndhin-policies.