

Please fill out and return to ECOH via fax to  
815-397-2790 or via email to admin@ecoh.com

## Claimshop Internet Access Request Form

*Please Print Clearly or Type*

### User Information

User First Name:

User Middle Initial:

User Last Name:

Last 4 Digits of SSN:

E-Mail Address:

User's Company Name:

User's Company Address:

User's Company Telephone:

User's Company Security Officer:

User's Company Security Officer's Telephone:

User's Company Security Officer's Email Address:

Tax ID(s) To View (Provider Only):

Payor Name & ID (Payor Only):

View As:  Client  Provider  Payor  Group

Network Name : ECOH Network/River Valley

### Terms of Use and Signatures

USER \_\_\_\_\_ USER'S SECURITY OFFICER \_\_\_\_\_

#### FOR INTERNAL USE ONLY:

Security Level (To be completed by ECOH) – Please Select One or More Applicable Levels  
Below

- Client 1 – Customer Service
- Client 2 – Claims Department
- Client 3 – Research & Resolution
- Client 4 – Claims Operations & Reporting
- Client 5 – Human Resources
- Client 6 – IT Functions

Routing Key(s) (Group Only)

As an authorized User of the Claimshop system, I understand that this Password allows me access to confidential individually identifiable health information as that term is defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regulations. I agree to maintain the confidentiality of all such information in accordance with the requirements of these Terms of Use and all applicable federal and state regulations concerning the confidentiality and disclosure of individually identifiable health information, including but not limited to HIPAA. I also agree to abide by the terms of the Business Associate Agreement between the above Company and ECOH if one has been executed.

This Password may not be shared with anyone, including but not limited to another user. If I discover an attempt by another person to obtain this Password, or any suspicious activity, I will immediately report such attempt to the Company's Security Officer. If I am no longer employed by the Company listed above, my access to the Claimshop system will be immediately terminated.

Even when physically able to do so, I will not access any information other than that which I am specifically authorized access to. Information found on the Claimshop system may not be utilized for the benefit of any person or organization other than Claimshop, ECOH, or the Company.

I understand that I have access to the Claimshop system pursuant to an agreement between Claimshop and ECOH. ECOH must approve my security level and access before I can use the Claimshop system. I understand that Claimshop and ECOH reserve the right to deny or revoke access to the Claimshop system and terminate my Password at any time.

I have read the above Terms of Use, understand the content and meaning, and agree to abide by these Terms. I further understand that these Terms apply to me regardless of my work location and even though the computer equipment I use may not belong to the Company listed above.

As Security Officer, I understand my responsibility to ensure that User's password is not compromised, and to notify Claimshop and ECOH immediately if (1) the User's Password is compromised or an attempt has been made to obtain the Password, (2) this User's access to the Claimshop system should be terminated for abuse or misuse of the system, or (3) this User's access should be denied because the User is no longer employed by the Company.

I also understand that I am responsible to ensure that this User will: (1) be advised of his/her obligations under these Terms of Use; (2) be responsible for the security and/or use of his/her Password; (3) not disclose such Password to any person or entity; (4) not permit any other person or entity to use his/her Password; and (5) use the Claimshop system in accordance with the Terms of Use.

I acknowledge that this Password is not transferable and is the property of Claimshop.

I understand that I have access to the Claimshop system pursuant to an agreement between Claimshop and ECOH. ECOH must approve my security level and access before I can use the Claimshop system. I understand that Claimshop and ECOH reserve the right to deny or revoke access to the Claimshop system and terminate User's Password at any time.

I have read the above Terms of Use, understand the content and meaning, and agree to abide by these Terms.

\_\_\_\_\_  
**User Signature**

Date: \_\_\_\_\_

\_\_\_\_\_  
**User's Security Officer Signature**

Date: \_\_\_\_\_

**Approved by ECOH:**

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

**For Claimshop Network Administrator Use Only**

**User Name:**

**CS Network Admin:**

**User Password:**

**Date:**

