

**COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

Enterprise Invoice Management/Enterprise Service Management (EIM/ESM)

USER ACKNOWLEDGMENT FORM
Please Print

Name: _____ Title: _____

Employer (organization/Provider): _____

Unit/Dept. (location): _____

I have read the materials provided to me by EOHHS for the EIM/ESM system, and agree to comply with the requirements of the EIM/ESM system in addition to any requirements designated by my employer.

I understand the training I have received and understand my responsibilities and obligations when using my user ID and password. I understand what it means to access, scan, enter or approve data or transactions in the EIM/ESM system.

I understand and agree to safeguard the confidentiality of my user ID and password and will not share these with anyone else. I will not allow anyone else access to my computer when I am logged on to the EIM/ESM system with my user ID and password, even if that person is also authorized to use the EIM/ESM system.

I shall immediately notify my Access Administrator if I believe that my user ID and password has been stolen, used improperly or otherwise compromised.

I understand and agree that I am responsible for any and all actions made in the EIM/ESM system under my user ID and password.

I understand that my user ID and password may be revoked at the request of my Access Administrator or EOHHS.

Signature of User: _____ Date: _____

Please Note: Prior to the EIM/ESM user ID being released, every EIM/ESM user must sign and return this form to Virtual Gateway Operations.

Completed forms should be mailed or faxed to Virtual Gateway Operations at:
Virtual Gateway Operations
2 Boylston Street
Boston, MA 02116
Fax (617)988-3119

If you have any questions regarding this form please contact
Virtual Gateway Help Desk at 800-421-0938.