# CHIA INET USER AGREEMENT
## Registration of Provider Organizations

Upon approval of this form, I will be authorized to access the RPO online submission platform through CHIA-INET on behalf of: _____.

<div align="center">(legal name of Provider Organization)</div>

By signing this form, I agree to the following terms and conditions:

- I will not disclose my CHIA-INET user ID and password to any other person.

- I will not attempt to access or look at CHIA-INET data other than what is required to perform my job.

- I will use any data I receive from CHIA-INET only as permitted and only in furtherance of my job.

- I will not share any data I receive from CHIA-INET with others unless doing so is necessary to do my job (pertains to patient level confidential data only).

- I will discuss data I receive from CHIA-INET with others only as required to perform my job and will conduct such conversations only in secure areas where I am unlikely to be overheard (pertains to patient level confidential data only).

- I will not disclose any data that I receive from CHIA-INET to any third party unless I have specific written permission from my supervisor or the legal order of a court (pertains to patient level confidential data only).

- I understand that the Center for Health Information and Analysis retains ownership of all data that resides in CHIA-INET.

- I hereby acknowledge I have read the above terms and conditions and agree to be bound thereby as a condition of access to and use of CHIA-INET.

## REQUIRED INFORMATION – Please print and no abbreviations

☐ Mr. ☐ Ms.
☐ Mrs. ☐ Dr.  Name: _____
(Please provide middle name initial)

Job Title: _____

Company Name and Department: _____

Work Mailing Address: _____

_____

E-mail Address: _____
(Required to send User ID and Password information)

Work Telephone: _____

User Signature: _____  Date: _____

## USER'S INET WEB SECURITY ITEMS – Required

City or Town of Birth: _____

Security Questions: (please select a Security Question below):

☐ Favorite Singer                ☐ Favorite Teacher's Name

☐ Favorite Vacation Location     ☐ Anniversary Date

☐ Favorite Sports Team           ☐ Father's Middle Name

☐ Favorite Hobby                 ☐ First Child's Middle Name

☐ Favorite Pet's Name            ☐ Make, Model, and Year of First Car

Answer: _____

Security questions are used by the Help Desk staff to ensure they are speaking with the correct person. When an INET User calls for assistance and requires using confidential information or sensitive issues, the Help Desk will use security questions as a means to confirm the identity of the caller.

Check the type of access for this User Agreement (pre-selected):

[ X ] **Data Reporter's Individual INET User** (Ability to: submit information, download, edit, view and print reports)

## Registration of Provider Organizations Submission
### Submission boxes have been preselected

[ X ] Registration of Provider Organization: Registration with Health Policy Commission

[ X ] Registration of Provider Organization: Data Filing with CHIA