



# Idaho Health Data Exchange Participation Agreement Instructions

A Participant is defined as an organization or entity utilizing Clinical Portal, HIE, and/or DIRECT (DMS) services for purposes of secure, encrypted exchange of Protect Health Information (PHI). This document provides instructions for executing an Idaho Health Data Exchange Participation Agreement.

## I. STEP ONE

- Review and sign the [Participation Agreement](#).

This is the base document for participation in all Idaho Health Data Exchange (IHDE) activities and is required to participate in any of the IHDE programs. Participant must sign this form. **Note: A Participant is defined as an organization or entity, not as a specific individual. Only an authorized signatory may sign the Agreement on behalf of the organization.**

All Participants are asked to sign the same Participation Agreement. If a Participant requests changes to comply with laws applicable to their organization or entity, these changes will be made through an addendum. Changes to Participant responsibilities or to reduce liability will not be allowed unless required to comply with applicable laws.

## II. STEP TWO

- Review, select, and sign your method of connection on our [IHDE Participant Services and Pricing](#) form.

## III. STEP THREE

- Review and sign the [Business Associate Addendum](#).

## IV. STEP FOUR

All users viewing/transmitting/downloading protected health information (PHI) are required to be certified for access to PHI. Organizations using HIE and DIRECT (DSM) are only allowed to add users for healthcare treatment and billing purposes. In order to ensure that these users are properly vetted by your organization for their roles in healthcare data transmission, the identity security standard for PHI is applied to both your Organization and your organization's Authorized Representative.

**A [Security Administrator \(SA\) form](#) is required within a Participating Organization to be the Authorized Representative.**

### Page 1 (Required Fields)

1. Organization Name – agency/organization name, must be a legal entity
2. Security Administrator (SA) Name – name of the authorized representative who will manage the organization's users.
3. SA Email Address – best email for contact by IHDE for notification and security purposes.
4. SA Office Address – best address for contact by IHDE for notification and security purposes.



5. SA Phone – best phone for contact by IHDE for notification and security purposes.
  6. SA Fax – best fax for contact by IHDE for notification and security purposes.
- \*\*It is the responsibility of the Security Administrator to ensure your organization's end user authentication and authorization.

**A [New User & Attestation form](#) is required for a user to gain access to IHDE's Clinical Portal.**

**Page 1 (Required Fields)**

1. New User Information – requestor's first & last name, email, individual NPI (if one exists) and job category must be indicated in this field.
2. Attestation – requestor's first & last signature, and the date the requestor received training for IHDE services must be indicated here.
3. Organization Name – agency/organization name, must be a legal entity
4. Security Administrator – enter the name and contact information of the Security Administrator selected for your organization
5. Security Administrator Signature – the participant's Security Administrator must authorize the requestor's access.

**Instructions for completion of the [Direct Messaging New User Request form \(Optional\)](#):**

**Page 1 (Required Field)**

1. Organization Name – agency/organization name, must be a legal entity
2. Security Administrator – enter the name and contact information of the Security Administrator selected for your organization
3. New User Information – requestor's first & last name, email, and job category must be indicated in this field.
4. New User Signature – verify you have read and understood form requirements.
5. Security Administrator Signature – the participant's Security Administrator must authorize the requestor's access.

**V. STEP FIVE**

- **Scan, fax or mail the executed documents to IHDE at:**

[info@idahohde.org](mailto:info@idahohde.org), FAX: 1-208-803-0031

Mail: PO BOX 6978, Boise, ID 83707

For questions: 208-803-0030, x0