



# Security Administrator (SA) Agreement

Organization Name: \_\_\_\_\_

Security Administrator (SA) Name: \_\_\_\_\_

SA Email Address: \_\_\_\_\_

SA Office Address: \_\_\_\_\_

SA Phone: \_\_\_\_\_ SA Fax: \_\_\_\_\_

I acknowledge that as the Security Administrator for my organization, I am responsible for the following:

- Reviewing, abiding by, and ensuring that users in my organization also abide by the [Terms and Conditions for Participation](#) in the IHDE.
- Monitoring authorized users of the organization and ensure that all [Privacy](#) and [Security Safeguards](#) policies of the IHDE are being followed.
- Contacting IHDE support to report any issues accessing or using the IHDE, as outlined in the [IHDE Program Manual](#).
- Verifying the identity of the requested new user and ensure the requested access is appropriate and necessary for the user's job roles and duties.
- Requiring all authorized users to review and sign an acknowledgement stating that he or she understands the requirements and obligations, under HIPAA and State regulations, governing confidential health information. This acknowledgement is to be kept on file.
- Verifying training via IHDE Video, Onsite or Webinar when submitting a New Authorized User Request form provided by the IHDE when a new authorized user is identified.
- Notifying the IHDE immediately upon an employee's termination by submitting an Authorized User Change/Termination form provided by the IHDE in order to complete the termination process.
- Maintaining documentation of all form requests submitted to the IHDE for a minimum of three (3) years after termination of the Authorized User.

Security Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Idaho Health Data Exchange Representative: \_\_\_\_\_