



## New Authorized User Request Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
Facility/Site: \_\_\_\_\_ \*Work Email: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_

\*Email address domain must match organization and Security Administrator (SA); personal emails will not be accepted

Job Category:                      Provider                        Staff

IHDE **Clinical Portal Training** is available by clicking on the following link: <https://www.idahohde.org/resources/training/training-modules/> The **training password** can be requested by emailing IHDE Support at [support@idahohde.org](mailto:support@idahohde.org) or from your organizational IHDE Security Administrator.

*By accessing IHDE Data, I acknowledge that I have received, reviewed, and agree to abide by the IHDE [Privacy](https://www.idahohde.org/privacy-security/) and [Security Safeguards](https://www.idahohde.org/privacy-security/) policies (<https://www.idahohde.org/privacy-security/>). I also acknowledge that I will not share my username or password with anyone inside or outside of my organization at any time.*

***\*IHDE reviews and audits user access and enforces HIPAA requirements.***

User Signature: \_\_\_\_\_

Your organization's Security Administrator must fill out the fields below to attest to your review and compliance with IHDE Privacy and Security Safeguard Policies:

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

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

SA Email: \_\_\_\_\_ SA: Phone Number: \_\_\_\_\_

SA Signature: \_\_\_\_\_

Please complete a type written form and email to: IHDE Support at [support@idahohde.org](mailto:support@idahohde.org)

Upon receipt and verification of all necessary documentation, your IHDE login credentials will be emailed in approximately 2-3 business days.