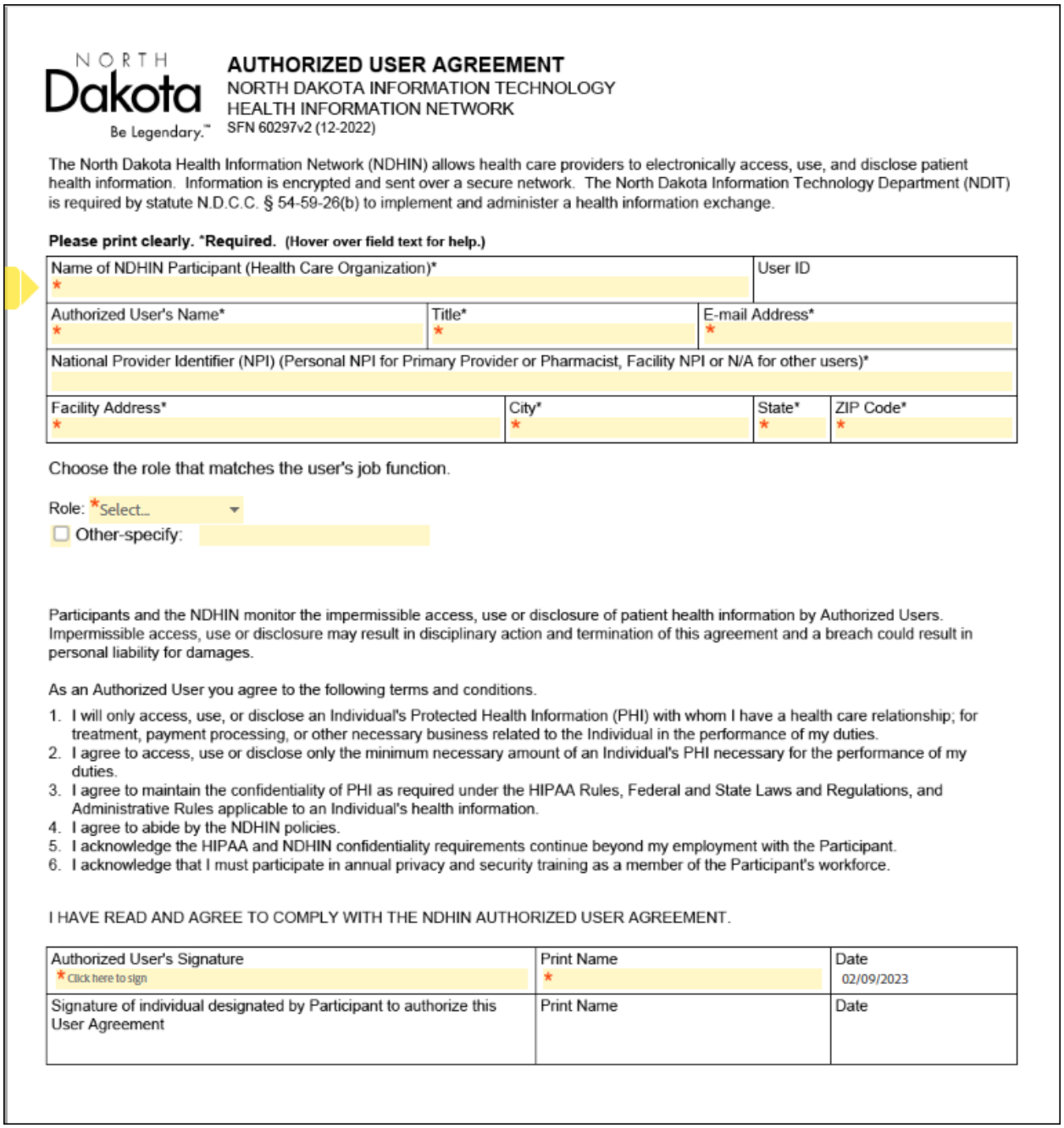
NORTH Dakota Be Legendary.™ | Health Information Network
INFORMATION TECHNOLOGY

eAUA (Electronic AUA) Process

1. User clicks on the URL provided by their facility.
2. User clicks 'Continue' at bottom of page.



NORTH Dakota Be Legendary.™

AUTHORIZED USER AGREEMENT
NORTH DAKOTA INFORMATION TECHNOLOGY
HEALTH INFORMATION NETWORK
SFN 60297v2 (12-2022)

The North Dakota Health Information Network (NDHIN) allows health care providers to electronically access, use, and disclose patient health information. Information is encrypted and sent over a secure network. The North Dakota Information Technology Department (NDIT) is required by statute N.D.C.C. § 54-59-26(b) to implement and administer a health information exchange.

Please print clearly. *Required. (Hover over field text for help.)

Name of NDHIN Participant (Health Care Organization)* *		User ID
Authorized User's Name* *	Title* *	E-mail Address* *
National Provider Identifier (NPI) (Personal NPI for Primary Provider or Pharmacist, Facility NPI or N/A for other users)*		
Facility Address* *	City* *	State* * ZIP Code* *

Choose the role that matches the user's job function.

Role: *Select...

☐ Other-specify:

Participants and the NDHIN monitor the impermissible access, use or disclosure of patient health information by Authorized Users. Impermissible access, use or disclosure may result in disciplinary action and termination of this agreement and a breach could result in personal liability for damages.

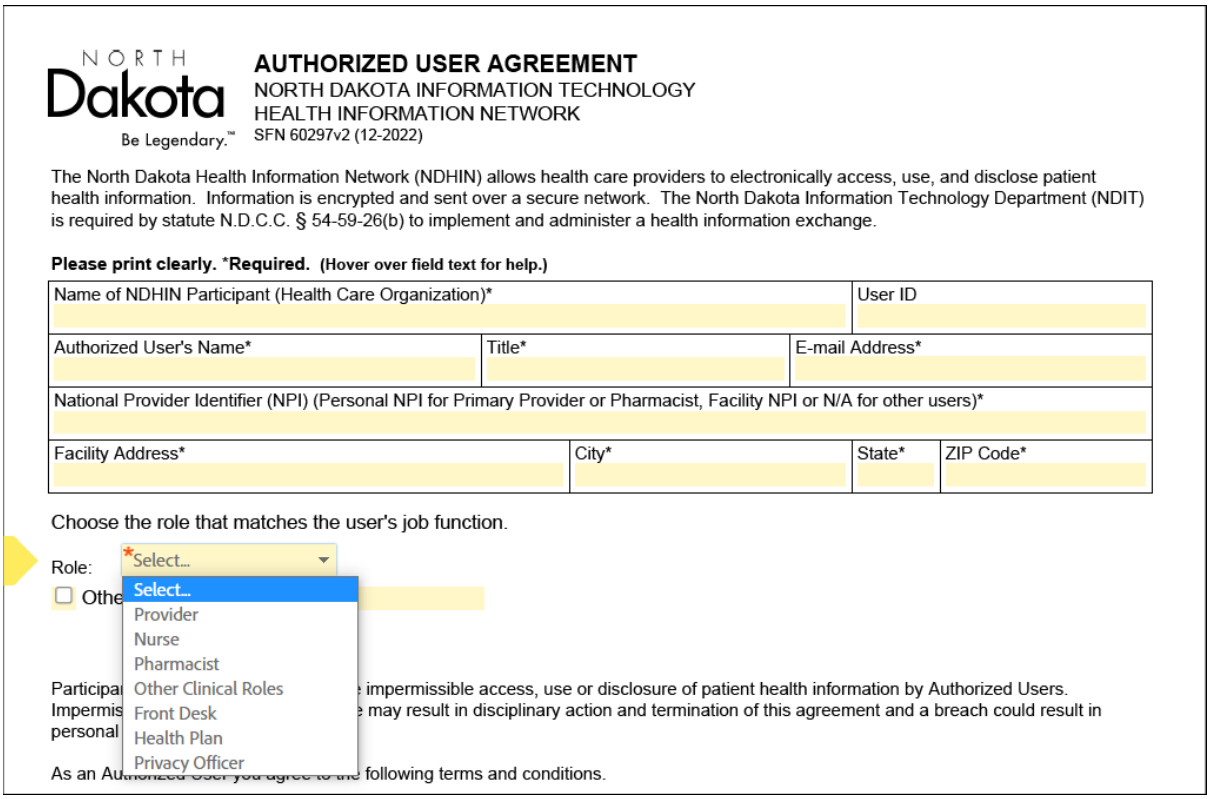
As an Authorized User you agree to the following terms and conditions.

1. I will only access, use, or disclose an Individual's Protected Health Information (PHI) with whom I have a health care relationship; for treatment, payment processing, or other necessary business related to the Individual in the performance of my duties.
2. I agree to access, use or disclose only the minimum necessary amount of an Individual's PHI necessary for the performance of my duties.
3. I agree to maintain the confidentiality of PHI as required under the HIPAA Rules, Federal and State Laws and Regulations, and Administrative Rules applicable to an Individual's health information.
4. I agree to abide by the NDHIN policies.
5. I acknowledge the HIPAA and NDHIN confidentiality requirements continue beyond my employment with the Participant.
6. I acknowledge that I must participate in annual privacy and security training as a member of the Participant's workforce.

I HAVE READ AND AGREE TO COMPLY WITH THE NDHIN AUTHORIZED USER AGREEMENT.

Authorized User's Signature	Print Name	Date
*Click here to sign	*	02/09/2023
Signature of individual designated by Participant to authorize this User Agreement	Print Name	Date

3. User completes and signs the form. Note that required fields have orange asterisks. Click 'Click to Sign" at the bottom of the form.



NORTH Dakota Be Legendary.℠

AUTHORIZED USER AGREEMENT
NORTH DAKOTA INFORMATION TECHNOLOGY
HEALTH INFORMATION NETWORK
SFN 60297v2 (12-2022)

The North Dakota Health Information Network (NDHIN) allows health care providers to electronically access, use, and disclose patient health information. Information is encrypted and sent over a secure network. The North Dakota Information Technology Department (NDIT) is required by statute N.D.C.C. § 54-59-26(b) to implement and administer a health information exchange.

Please print clearly. *Required. **(Hover over field text for help.)**

Name of NDHIN Participant (Health Care Organization)*			User ID
Authorized User's Name*	Title*	E-mail Address*	
National Provider Identifier (NPI) (Personal NPI for Primary Provider or Pharmacist, Facility NPI or N/A for other users)*			
Facility Address*	City*	State*	ZIP Code*

Choose the role that matches the user's job function.

Role: *Select...

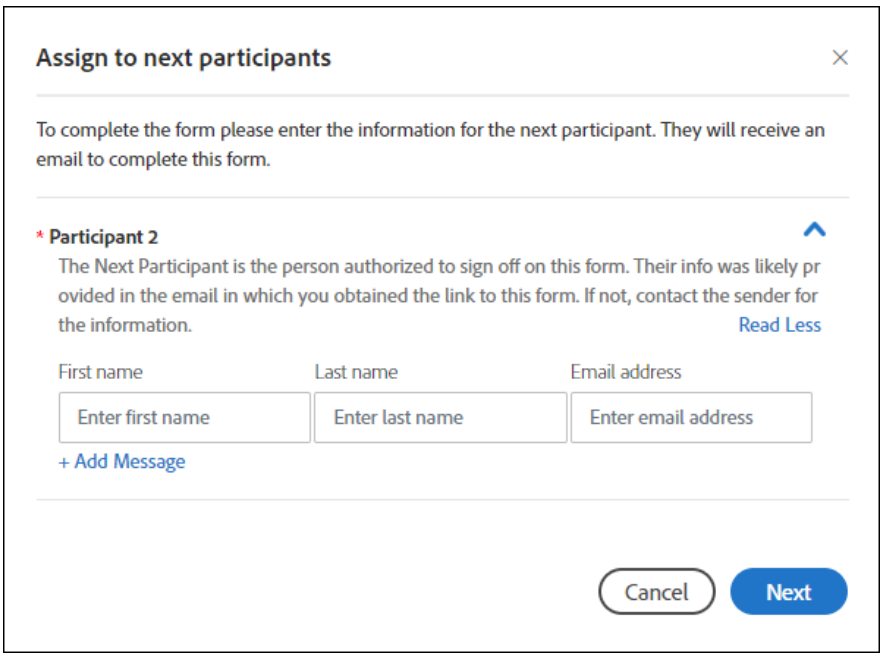
Select...
Provider
Nurse
Pharmacist
Other Clinical Roles
Front Desk
Health Plan
Privacy Officer

Othe

Particip impermissible access, use or disclosure of patient health information by Authorized Users.
Impermis may result in disciplinary action and termination of this agreement and a breach could result in personal

As an Au following terms and conditions.

4. After signing the form, User enters the provided name and email for their Granting Authority into the Participant 2 fields:



Assign to next participants

To complete the form please enter the information for the next participant. They will receive an email to complete this form.

* Participant 2

The Next Participant is the person authorized to sign off on this form. Their info was likely pr ovided in the email in which you obtained the link to this form. If not, contact the sender for the information. Read Less

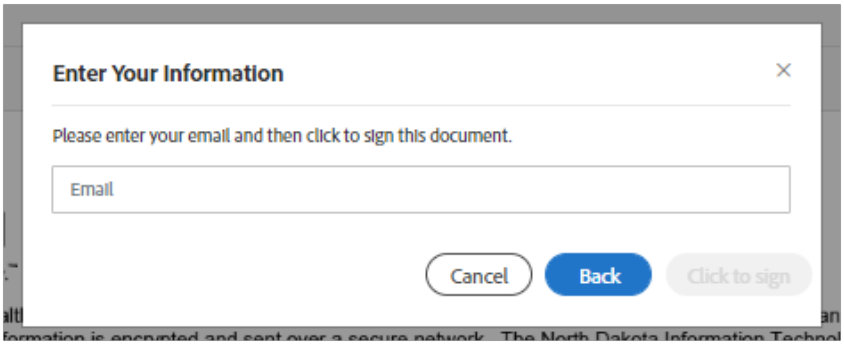
First name | Last name | Email address

Enter first name | Enter last name | Enter email address

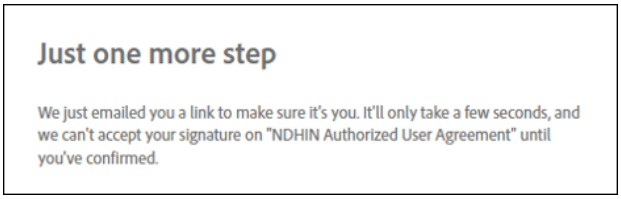
+ Add Message

Cancel | Next

5. User provides their own email which triggers an authentication email to the user.



6. User is presented with this message.



7. User opens their email, finds the authentication email, and confirms their email address by clicking on the blue sentence 'Confirm my email address'.
8. User is finished. User will receive an email with login credentials.