



New Authorized User Login Form

Attestation to IHDE Privacy and Security Safeguard Policies and Training

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

First Name: _____ Last Name: _____
Title: _____ NPI: _____
Facility/Site: _____ Email: _____
Work Phone: _____ Work Address: _____

Job Category: ☐ M.D ☐ PA ☐ NP ☐ Staff

This document includes the link to the Clinical Portal Training which will provide you instruction on how to use the portal. Viewing the video, eLearning, attending a Clinical Portal training webinar or onsite session is required.

Clinical Portal Training: <https://www.idahohde.org/resources/training/training-modules/>

User: cpuser **Password:** ihdE2018

If you have trouble accessing training, please contact us via Training@Idahohde.org and let us know, or you may call us at 208-803-0030.

In order to access IHDE, 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, and that training was received.

Date of User Training: _____

User Signature: _____

Once you have completed the video or a webinar, your organization's Security Administrator must fill out the fields below to attest to IHDE Privacy and Security Safeguard Policies.

Organization: _____

Security Administrator (SA): _____

SA Email: _____ **SA: Phone Number:** _____

SA Signature: _____

* SA Please complete and email to: IHDE Support at support@idahohde.org or fax to: 208-803-0031

Upon receipt and verification of all necessary documentation, you will receive your IHDE access within a few business days to the email provided on this form.