



ASSESSMENTPRO® ACCESS COORDINATOR ROLE AGREEMENT

Each individual who will be granted access to the AssessmentPro® Access Coordinator Role must review and agree to the terms listed in this Agreement.

By signing this agreement, I understand that that:

- The Access Coordinator is responsible for gathering and maintaining the documentation required for approving user access requests to and assigning the appropriate user in the AssessmentPro® system (System).
 - Documentation shall: (1) consist of access request forms completed by users who did not self-register; and (2) documentation requesting the termination of any user accounts.
 - Documentation shall be made available to Maximus within 3 business days after notice has been provided to your site's AssessmentPro® Executive Contact (Executive Contact).
- The Access Coordinator will:
 - Grant or revoke user access to the System in accordance with approved requests.
 - Not grant themselves any additional System roles or privileges.
 - Comply with any of your employer and/or Maixmus's guidelines, policies or procedures regarding access to systems containing Protected Health Information (PHI).
- The granting of access to the System shall be governed by the principle of "least privilege" in that only staff with a need to work in the System to perform their assigned job responsibilities will be assigned a user role appropriate to their need.
- The System contains PHI which is governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as subsequently amended pursuant to the Health Information Technology for Economic and Clinical Health (HITECH) Act part of the American Recovery and Reinvestment Act of 2009 (ARRA) as well as any applicable state laws and regulations.
- Misuse of the Access Coordinator role may result in immediate loss of access to the System and will be reported to the designated Executive Contact at your facility. Misuse resulting in the inappropriate release of PHI may lead to the imposition of civil and/or criminal penalties.

I have read the AssessmentPro® Access Coordinator Role Agreement and agree to the terms specified above.

Signature

Date

Print Name

Title

To be granted Access Coordinator access to AssessmentPro®, the facility's Executive Contact must approve this Agreement. A signature below indicates such approval for the individual listed above. Maximus may contact the individual below for further validation of approval.

Signature

Date

Print Name

Title

Email address

Phone Number