



INTERNET ACCESS REQUEST/NEW USER APPLICATION FORM

1. Facility Information

Facility Type	Hospital	AmSurg	HMO	ALF
Facility Name				
License Number		AHCA/File #		
Contact Person	Last		First	
Phone number with extension	() -	Ext :	Contact Title	
E-mail address of the contact person				

By my signature, as the Administrator or Risk Manager, I request AHCA to grant internet access to the persons named in section #2, after applicant has read and signed section #3. I further acknowledge it is my responsibility to notify AHCA to deactivate the account at employment departure.

Date: _____ **Signature:** _____ **Title:** _____

2. List of Individuals Authorized to Submit Reports

List the names and titles of the individuals authorized to submit reports. A separate account and user ID will be established for each person submitting reports to the Agency.

Name/Title of Authorized Person	Email Address REQUIRED	Title REQUIRED
1.		
2.		
3.		
4.		

3. Signatures of Authorized Individuals

By accessing this system, I am agreeing to follow the Agency for Health Care Administration's policies regarding acceptable use and protection of confidential health care information and will abide by the following requirements:

- **Do not disclose or lend your USER ID AND/OR PASSWORD to someone else.**
- **Do not browse or use this information for unauthorized or illegal purposes.**
- **Do not make any disclosure of this data that is not specifically authorized.**
- **Do not intentionally cause corruption or disruption of these files.**

By submitting electronic reports, I am affirming that the information contained in the reports is true, correct, and can be relied upon by the recipient pursuant to Florida law.

<u>Signature</u>	<u>Date</u>
1.	Date:
2.	Date:
3.	Date:
4.	Date:

Email To: riskmgmtps@ahca.myflorida.com Telephone Number: (850) 412-3731 Fax Number: (850) 922-2217	<u>Internal AHCA</u> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Returned to Provider
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Please Read The Following Instructions Completely Prior To Submitting A New User Id/Password Application:

1. The user id/password will expire if the system is not accessed for greater than **90** days.
 - **NOTE:** A new user id/password application will need to be submitted and processed if the user id/password expires, or is lost/forgotten, or if there is suspicion of unauthorized use.
2. A new user id/password is required for all new administrators, risk managers, or designees requesting internet access authorization for submitting adverse incident reports.
 - **NOTE:** All submitted new user id/password applications must be complete, and will require the signature of the current risk manager - or - the current administrator of record on file with the appropriate licensing unit of AHCA.
 - **NOTE:** If a new risk manager is being added, the new user id/password application must be complete, and will require the signature of the current administrator of record on file with the appropriate licensing unit of AHCA.
 - **NOTE:** Therefore, prior to submitting a new user id/password application please make sure the administrator listed on the application is the current administrator of record on file with the appropriate licensing unit of AHCA.
3. If administrator information is different on the application than the administrator of record on file with the appropriate licensing unit of AHCA, you will need to update the administrator information prior to submitting a new user id/password application.
 - **NOTE:** PLEASE SEE THE LICENSING UNIT INFORMATION LISTED BELOW:
 - A. **FOR ALFS** - To change the administrator of record with the bureau of health facility regulation, please contact them at: (850) 412-4304 or fax (850) 922-1984.
 - B. **FOR NURSING HOMES** - To change the administrator of record with the bureau of health facility regulation, please contact them at: (850) 412-4303 or fax (850) 410-1512.
4. All new user id/passwords will be issued by encrypted email to the individual's email address listed in section 2 of the submitted application. therefore, each individual listed in section 2 of the application must have their own individual e-mail address in order to receive their user id/password.
 - **NOTE:** If you encounter difficulties signing into the Microsoft encryption service please refer to the following instructions at: [Http://Ahca.Myflorida.Com/Ironport/Ome365-Organizations.Pdf](http://Ahca.Myflorida.Com/Ironport/Ome365-Organizations.Pdf)